


Spring 5-3-2017

# Warrior to Civilian: The Impact of Social Identity and Emotional Well-being on the Community Reintegration of US Service Members and Veterans

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WARRIOR TO CIVILIAN: THE IMPACT OF SOCIAL IDENTITY  
AND EMOTIONAL WELL-BEING ON THE COMMUNITY  
REINTEGRATION OF US SERVICE MEMBERS  
AND VETERANS

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A Doctoral Dissertation

Presented to

The College of Humanities & Social Sciences

School of Conflict Management, Peacebuilding, & Development

Kennesaw State University

Kennesaw, Georgia

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy in International Conflict Management

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by

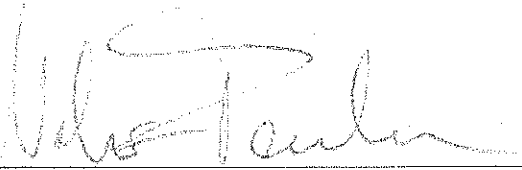
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May 2017

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Keywords: Well-being, Social Identity, Community Reintegration, Military, Veterans

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Title

Warrior to Civilian: The Impact of Social Identity and Emotional Well-being in the Community
Reintegration of US Service Members

Thesis/Dissertation Defense: Date 4/10/2017

Passed Failed Passed With Revisions (attach revisions)

Signatures: Thesis/Dissertation Chair, Committee Member, Committee Member, Committee Member, Program Director, Department Chair, Graduate Dean with dates: 04/10/2017, 10 APR 17, 21 APR 17, 4/25/2017, 4/25/2017, 4-25-17

### **Abstract**

In this dissertation, the author explores the relationship between the social identity and emotional well-being of military service members when transitioning to civilian roles following deployment(s) and/or the end of military service. This mixed-methods study uses participant observations, survey measures, and semi-structured interviews to answer the following questions: How does social identity impact the emotional well-being of military service members when transitioning to civilian roles following deployment(s) and/or end of military service? How does participation in formalized or ad hoc community reintegration “rituals” influence the service member’s felt sense of return? By combining Social Identity Theory with Maslow’s Hierarchy of Human Needs, the author hypothesizes that individuals who have participated in communal ceremonies, rituals, or events for reintegration purposes will demonstrate a more secure transition between military and civilian identities; and that individuals who have more integrated, less competing civilian and military identities will demonstrate higher instances of psychosocial well-being. Implications are subsequently drawn from these findings to better inform policy and practice of government and non-governmental organizations that work with the return and reintegration of military service members, as well as public health organizations focused on community well-being in the wake of conflict.

**Dedication**

This dissertation is dedicated to my earliest heroes: my father, CDR Joseph Fortson, USN (Ret.) and my brother, Benjamin Fortson (USMC, 2004-2012); and to the hero of my every day, my husband, Davis Harwell.

### **Acknowledgments**

I am profoundly grateful to a host of people who helped make this research possible. I would first like to thank the participants, without whom this research would be non-existent. Thank you to all of the veterans and servicemen and women who took time out of their lives to sit down and take this survey, even though it was rather lengthy. I am especially grateful to those individuals who allowed me to speak with them personally through follow-up interviews. Thank you for inviting me into your stories so that we all might collectively learn a bit more about how to improve the reintegration experience for service members. I have been honored by your honesty, courage, and vulnerability. It is my sincere hope that this dissertation represents you well.

Another group of individuals without which this research would not be possible is my dissertation committee. Thank you to Dr. Tom Britt for stepping in remotely and offering a valuable clinical and military perspective. I have so appreciated your constructive feedback, and for always pointing me in a concrete direction in attempting to respond to your comments. Thank you to Dr. Tim Hedeem, particularly for not saying “no” in 2015 when I rather desperately asked you to be on my committee. I am grateful for your thoughtful insights into my research, particularly as it has related to theory and methods. I have also appreciated your positive approach to this process, and your forward, onward perspective. And, to the backbone of my dissertation, Dr. Volker Franke, please accept my profuse thanks for your service as my dissertation chair. Your enthusiasm for research, for this topic, and for my own academic growth has been truly inspiring. I am grateful for the guidance that you have provided throughout the past four years, and for your ability to appreciate the individuality in each of your students. And,

thank you for balancing critique and encouragement so well. It is something that I hope to emulate in the future when leading and teaching others.

I would also like to thank the organizations and events that generously allowed me to observe their wonderful programs at work. Thank you to the Elder Warrior Journey, specifically to Father Mike Cicinato and Peter Sternberg for taking a chance on this research while it was in its very beginning phases, and for welcoming me into your community. I will always be grateful for your insistence that I “experience” the journey prior to analyzing it. Thank you to the Foothills Stand Down Event for being so enthusiastic about this project, and for letting a random student from Georgia join your inspirational event. To the Marvin “Joe” Curry Veterans Pow Wow, thank you for your patience with my many emails, and for being so welcoming and encouraging throughout the ceremony. This event is truly an example of the positive impact that can happen when an entire community honors their veterans. Finally, thank you to the fine people at the American Lake Veterans Sweat Lodge, specifically the Elder Council, for allowing me to be a part of your sacred ceremony. Thank you to Mike L. for your generosity of time, for sharing your story, and for your desire to make a better world for all veterans that you come into contact with. I hope to have the honor of visiting American Lake again in the future.

I am also grateful to the veterans groups and individuals who helped promote and support this research, particularly to Billy Frances and the Veterans Resource Center at Florida State University, Jim Lindenmayer and the Cherokee County Homeless Veteran Program, and to my former Commander, MAJ Jeremiah Laxson. Thank you for promoting and supporting this research, and for encouraging others to take part. I appreciate the value that each of you saw in this project. Your willingness to help has had a direct impact on the number of participants involved with this research, and has improved the study’s validity and my ability to generalize



findings to the larger community. I am also very grateful for the ongoing support and encouragement of my Behavioral Health team within the Georgia Army National Guard, particularly my OIC, MAJ Lee Anne Adamson.

Thank you to Dr. William Baker, Paul Vaughn, and Kelleigh Trepanier at KSU's Burruss Institute for your invaluable feedback and expertise in formatting my online survey measures. I have also appreciated the guidance and support of various faculty and staff in KSU's School of Conflict Management, Peacebuilding, and Development throughout my time in the program. Thank you to Nicole Densmore for tirelessly working behind the scenes, and for patiently assisting with my many administrative questions and quandaries throughout the years. Thank you to Dr. Chris Pallas for your focused instruction in Advanced Qualitative Methods, and for your guidance in the development and implementation of the pilot study of this research project. The foundation of knowledge and experience that I gained in your courses has magnified my ability to succeed in my dissertation. Thank you to Dr. Maia Carter Hallward for your thoughtful and thorough feedback on my dissertation proposal. Your expertise and insights have improved this dissertation significantly. Thank you for always being available to talk through ideas, even for those students who you are not directly advising or teaching. And, thank you to Dr. Paul Story for providing me with the opportunity to run research projects in Qualtrics and for helping me think through how to teach SPSS. Although you were not directly involved in my dissertation research, your intentional efforts to help me develop as an academic and researcher has directly translated into my ability to succeed in the PhD program.

Thank you to the many friends and family (by blood, law, and love) who have pestered their own family, friends, and neighbors about my dissertation research, who have suffered as survey guinea pigs, and who have been a constant source of encouragement. Thank you to my

parents (all of you), who have unreservedly supported my dreams, even if you didn't always understand why I dreamt them. And, particularly, to my mother, for always being my biggest cheerleader, despite the often constant worry caused by far-flung pursuits over the course of my life. As well, thank you to my sister, Becky, who uniquely understands my inner struggle between idealism and realism (because you're wired in much the same way), and for somehow always seeming to sense when a photo of my sweet niece and nephew is just what I need. And, finally, because no words could ever suffice, thank you to my partner-in-crime, life, and love: my brilliant husband, Davis. I cringe to think how many years it would have taken me to finish this dissertation if it weren't for you by my side. Thank you for being endlessly patient with the long hours, late nights, the financial sacrifices, and the many proofreading requests. Thank you for your constant humor, strength, and compassion, and for believing in me enough for the both of us. I cannot wait to see what adventures await us next.

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**List of Abbreviations**

ANOVA	Analysis of Variance
ASD	Acute Stress Disorder
BBQ	Bar-B-Que
CA	California
CBT	Cognitive Behavioral Therapy
CDC	Centers for Disease Control and Prevention
CDR	Commander
CSE	Collective Self-Esteem
DoD	Department of Defense
E. Mastery	Environmental Mastery
EMDR	Eye Movement Desensitization and Reprocessing
HTRR	Healing Through Reckoning & Reconciliation
IBM	International Business Machines
IRB	Institutional Review Board
KSU	Kennesaw State University
MAJ	Major
MCS	Mental Component Summary
MIA	Missing in Action
MSE	Membership Self-Esteem
NC	North Carolina
NY	New York
OIC	Officer in Charge

PCSE	Public Collective Self-Esteem
PhD	Doctor of Philosophy
POW	Prisoner of War
PTSD	Post-Traumatic Stress Disorder
PW	Psychological Well-being
Ret.	Retired
ROTC	Reserve Officer Training Corps
RWO	Relationships with Others
SD	Standard Deviation
SF	Optum SF Health Survey
Sig.	Significance
SIT	Social Identity Theory
SOC	Sense of Community
SPSS	Statistical Package for the Social Sciences
TBI	Traumatic Brain Injury
TFCBT	Trauma-Focused Cognitive-Behavioral Therapy
TR	Transgression-Related
TRIM	Transgression-Related Interpersonal Motivations
UK	United Kingdom
US	United States
USMC	United States Marine Corps
USN	United States Navy
VA	US Department of Veterans Affairs

VA	Virginia
WHO	World Health Organization
WWII	World War II
YRRP	Yellow Ribbon Reintegration Program

## Chapter 1

### Introduction

*In my extensive work with vets, another thing I learned is that PTSD is not best understood or treated as a stress disorder...Rather, it is best understood as an identity disorder and soul wound, affecting the personality at the deepest level. Traditional societies and some modern pioneers have held similar convictions... By modeling warrior traditions worldwide in ways that are relevant and adapted to modern life, we can grow a new identity strong and compassionate enough to carry the wound and heal the soul (Tick, 2005, pp. 5–7).*

In this dissertation, I explore the relationship between social identity and psychological and emotional health in survivors of conflict, specifically U.S. military service members. I began pursuing this research topic due to my personal and professional experience as a Clinical Social Worker, and observing and working with survivors of conflict and trauma, specifically with military and refugee populations. Common trauma-related conditions include Posttraumatic Stress Disorder (PTSD), Acute Stress Disorder (ASD), and other related symptoms that are experienced to varying degrees among survivors of conflict and trauma. General symptoms of PTSD and ASD include flashbacks, psychological distress, persistent avoidance of stimuli associated with the trauma, hypervigilance, sleep disturbances, persistent negative emotional states, persistent inability to experience positive emotions, feelings of detachment from others, dissociative amnesia, and problems with concentration (American Psychiatric Association, 2013).

Of those service members meeting diagnostic criteria for PTSD, however, only 53% reported having seen a physician or mental health provider in the past 12 months, and just over half of those individuals received minimally adequate treatment (Tanielian et al., 2008). While

not every service member or survivor of conflict or trauma develops a psychiatric diagnosis or mental health concerns, the treatment of these issues within the veteran population may be a microcosm of the larger well-being concerns facing service members today. For example, a 2008 Department of Defense (DoD) report showed that, among military service members, the leading cause of hospital stays was not due to combat injuries, but to mental illnesses (Armed Forces Health Surveillance Center, 2008).

These statistics are especially troubling due to the finding that in 2012 and 2013, suicide became the second leading cause of death, after accidents, among active duty service members (Armed Forces Health Surveillance Center, 2014). Given such dire consequences, service member well-being is of particular importance, and has become an area of focus for the US government and Department of Defense. Furthermore, because trauma symptomology has been shown to have the propensity for intergenerational and community transmission (Daud, Skoglund, & Rydelius, 2005; Jordan et al., 1992; Kellerman, 1999; Rosenheck & Fontana, 1998; Weder, García-Nieto, & Canneti-Nisim, 2010), the effects of trauma and psychosocial health are relevant not just on the individual level, but on the broader societal level as well.

### **Conceptual Framework**

The theoretical framework for this study is based in a blend of Social Identity Theory with Maslow's hierarchy of human needs. According to Social Identity Theory, an individual's self-concept encompasses a personal and a social identity (Tajfel & Turner, 1986). Identities generally function in congruence with one another, however, conflicts arise when the values, attitudes, beliefs, norms, or behaviors inherent in one identity are inconsistent with another (Ashforth & Mael, 1989). Transplanting warrior-identified and combat-trained service members back into civilian roles and responsibilities requires a dramatic shift in attitudes, behaviors,



norms, and feelings, creating an opportunity for identity conflicts. A study of U.S. combat veterans who served in Iraq-Afghanistan and use VA medical care showed that most individuals faced challenges in functioning and in community involvement after deployments (Sayer et al., 2010). Furthermore, if left untreated, “these problems could have deleterious effects not only on the individual but also on his or her family, community, and society as a whole” (p. 594).

Community is not only important for military service members, but is a critical component of all basic human needs. Abraham Maslow’s hierarchical theory of human needs posits human behavior and motivation as being intrinsically determined by a sequential system of needs, including the need for belongingness (Maslow, 1943). This need for a sense of belonging may also be interpreted as a need for a “sense of community” (McMillan & Chavis, 1986, p. 9). Comradeship, family support, and social support are all critical resources for service members and veterans upon returning home (Burnell, Coleman, & Hunt, 2010).

### **Study Purpose & Questions**

The literature has shown identity to have causal implications upon the physical and emotional well-being of various populations (Beiser & Hou, 2006; deRoon-Cassini, de St. Aubin, Valvano, Hastings, & Brasel, 2013; Dimitrova, Chasiotis, Bender, & van de Vijver, 2013; Miller, 2010). When considering the causal implications of identity upon well-being, the question remains as to how the social identity of a military service member may affect emotional well-being when transitioning from the military culture and/or the environment of conflict deployments to life as an American civilian. As previously stated, research has shown that comradeship, family support, and social support are important resources for service members and veterans when returning home from deployments and transitioning into civilian life (Burnell et al., 2010). However, Social Identity Theory suggests that a service member’s ability to

effectively engage in these roles is first predicated by a successful identity transition from “warrior” to “civilian”.

While research on the causality between the social identity of returning service members and well-being has yet to be comprehensively conducted, the two concepts have been explored within other populations (Beiser & Hou, 2006; Coleman & Podolskij, 2007; Dimitrova et al., 2013). Additionally, small-scale empirical research within societies utilizing communal rituals for service member reintegration suggests that a service member’s emotional well-being does not rest on his or her resumption of normal activities within the community, as conventional wisdom would suggest, but rather on the community’s deliberate transition of the individual into these new, competing roles (Silver & Wilson, 1988).

Using insights from Social Identity Theory and Maslow’s Hierarchy of Human Needs to examine the experiences of service members returning home from deployment(s) and transitioning out of military service, I ask:

- *How does social identity impact the emotional well-being of military service members when transitioning to civilian roles following deployment(s) and/or the end of military service?*
- *How does participation in formalized or ad hoc community reintegration “rituals” influence the service member’s felt sense of return?*

Studies have suggested that a lack of social support and a sense of insecurity may lead to feelings of isolation and loneliness that may lead to long-term emotional and psychological consequences (Britt & Oliver, 2013). This implies that identity conflicts could lead an individual to uncertainty in defining oneself in his or her social environment, subsequently increasing

feelings of isolation and negatively impacting well-being. Thus, the expected results of the study are as follows:

- *Hypothesis 1*: Individuals who have more integrated, less competing civilian and military identities will demonstrate higher instances of psychosocial well-being.
- *Hypothesis 2*: Individuals who have participated in a societal or communal ceremony, ritual, or event held specifically for reintegration purposes will demonstrate a more secure transition between military and civilian identities.

### **Procedures**

The mixed-method research design for this study is cross-sectional with quasi-experimental elements. The sampling frame included U.S. military service members who have experienced at least one deployment and/or who are transitioning out of military service. Data measures included electronic surveys and semi-structured interviews when participants were willing. In an effort to examine treatment and healing methods specifically focused on community involvement (and if possible, identity formation), I completed participant observations in four different veteran reintegration events or ceremonies: the 2016 Foothills Stand Down Event for Homeless Veterans in Hickory, North Carolina; the Fall 2015 and Spring 2016 Elder Warrior Retreat in San Juan Bautista, California; the 2016 Marvin “Joe” Curry Veterans Pow Wow in Salamanca, New York, and an Inipi Sweat Lodge Ceremony in Lakewood, Washington.

The quantitative portion of this research examines well-being and social identity within the warrior to civilian transition through survey measures. The primary scales chosen for examination of the guiding research question included the 54-item Ryff Scale of Psychological Well-being, the 12-item Optum SF-12v2 Health Survey, the 16-item Collective Self-Esteem

Scale, and the 18-item Transgression-Related Interpersonal Motivations Inventory. Participants also completed a series of demographic questions, along with prompts related to military service and activities after returning from deployment and/or ending military service. Finally, to explore the relationship between service member social identity and well-being in the context of reintegration, I interviewed 42 participants to learn about their experiences in their own words. While each person's individual story was singularly unique, common themes and similar ideas emerged throughout all interviews.

The survey measures were administered in an electronic survey through the Kennesaw State University Qualtrics survey administration tool. Raw survey data were downloaded from Qualtrics and analyzed using IBM SPSS software. Where appropriate, ANOVA, multiple regression, and Pearson's  $r$  value formed primary units of analyses. Textual data from interviews were analyzed utilizing NVivo software. Once categorized and sorted, emerging patterns were isolated and analyzed to determine relevance to existing theories and research.

### **Study Significance**

The findings within this research are important for practitioners and academics alike. On the micro-level, these findings imply that health care devoid of attention to the social aspects of a person's functioning misses a critical opportunity for treatment with significant effects on mental health, physical functioning, and the like. Furthermore, if social identity and well-being are linked for individuals in general, this research implies that each person shares a responsibility for others on the macro level. There are additional global implications for the durability of peace, as individual well-being impacts family well-being, and family well-being impacts the well-being of the community. Because evidence supports that greater psychological well-being has a negative relationship with feelings of revenge and avoidance and a positive relationship with

benevolent feelings, peace and reconciliation programs should incorporate efforts to promote psychological well-being and social identity to promote the longevity of peace and counteract intergenerational transmissions of trauma.

### **Study Limitations**

The most apparent limitation of this research is external validity, given the small sample size of this research as compared to the sample size needed for generalizability. Another limitation impacting generalizability is the lack of racial diversity among the participants, as the large majority of respondents indicated that they were Caucasian or white. Additionally, when performing analyses, determining the directionality of the effect between social identity and emotional well-being was limited because the research design was not experimental. My own visibility as a researcher during observations may also have posed an additional problem in reintegration ceremonies and events as participants were made aware of the research project. Finally, there was difficulty accessing the desired populations, as acquiring formal collaborations with the VA was especially elusive. A positive outcome of these study limitations, however, is an opening to a broad agenda for future research, which is discussed in the final chapter.

### **Dissertation Organization**

This dissertation is organized into seven chapters. These chapters include the Introduction Chapter, the Literature Review Chapter, the Methodology Chapter, the Observational Findings Chapter, the Quantitative Findings Chapter, the Qualitative Findings Chapter, and the Discussion and Conclusion Chapter. The introduction offers a brief overview of the study purpose, research questions, and procedures. The introduction chapter then concludes by discussing the study implications, limitations, and organization of this dissertation as a whole.

The Literature Review Chapter reviews symptoms of trauma in survivors of conflict in general, the implications of trauma for sustainable peace, and the well-being of service members in navigating various roles and identities. The second chapter also reviews theory literature, with a focus on Social Identity Theory and Maslow's Hierarchy of Human Needs. These theories are combined with a need for a Sense of Community to create a broad theoretical perspective.

The third chapter of this dissertation is the Methodology Chapter, which discusses research design and key variables, followed by a presentation of the research questions and hypotheses. The chapter then reviews an initial pilot study, along with lessons learned from this study and how those lessons translated into the later research design. Discussion of research settings and sample follows, detailing the three methods of data collection -- observations, surveys, and interviews -- and how this data was obtained and measured. Chapter 3 then discusses data analysis and ethical considerations.

Chapter 4 discusses the findings from participant observations, further unpacking the methodology in detail. The four participant observations that I conducted are then described, explained, and interpreted. Each discussion of a particular participant observation includes a background of the event or ceremony, an overview of the observation experience, including the event structure and how I participated in each event, as well as a discussion. Finally, the Participant Observation Chapter ends with the common themes found throughout all four observations.

The fifth chapter is the Quantitative Findings Chapter, which discusses the analysis and findings of the survey measures. This chapter offers further explanation of the quantitative analysis methods used to test the research hypotheses. Chapter 5 first reviews survey demographics, followed by a breakdown of data analysis for each measure, which are separated

into the categories of well-being, social identity, and community reintegration. This chapter primarily uses ANOVAs, regressions, and Pearson correlations for analyses.

Chapter 6, the Qualitative Findings Chapter, discusses the experiences of service members in their own words and reviews the themes found in well-being, social identity, and community reintegration. Non-mainstream approaches to healing and treatment are then discussed, and the merits of these methods are compared with the experiences of the service members in this study. The Qualitative Findings Chapter ends with highlights of advice offered by interview participants to future service members as they return home from deployment and/or transition out of the military.

Finally, this dissertation closes with the Discussion and Conclusion Chapter. The seventh chapter reviews the study in its entirety, and presents the key findings from each of the three findings chapters. These findings are given a broad perspective and related to the body of literature that guides this research. This final chapter discusses research implications and limitations, followed by recommendations for future research, policy, and practice. The dissertation then concludes with a proposition that large-scale, sustainable, and durable peace might rely, in part, on our ability to see each person as an individual and unique piece in a broader system. This research finds that there is a significant relationship between social identity and emotional well-being, and argues that efforts towards reintegrating combatants and survivors of conflict into civilian communities must take all facets of a person into consideration.

## **Chapter 2**

### **Literature Review**

I begin this literature review with a broad look at depressive and stress-related symptoms in survivors of conflict. Next, I review the current body of literature examining linkages between trauma exposure and feelings of hatred and revenge, along with studies pertaining to community mental health programs and positive feelings towards peace. Finally, I conclude the review with current literature on policy and practice within post-conflict reconstruction, and the inclusion or exclusion of mental health care.

#### **Symptoms of Trauma in Survivors of Conflict**

According to the World Health Organization:

health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity... mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2014).

The consequences of negative well-being and acute psychological conditions, where an individual is unable to cope with life's stressors, are well-known throughout the conflict literature. Research comparing traumatic experiences between populations shows that traumatic symptoms are shared across cultures. Researchers examining the experiences of veterans and refugees have found that the two groups share unresolved feelings and clinical manifestations as a result of the traumatic intensity of their wartime experiences (August & Gianola, 1987; Jamil, 2004). In a similar search for comparative or differential responses to trauma, a study of PTSD among Southeast Asian refugees demonstrated common clinical manifestations of traumatic



symptoms, implying that the role of culture needs to be examined independently in the etiology and treatment of trauma (Abe, Zane, & Chun, 1994). More explicitly, the researchers found that differences between the groups of participating refugees were attributable more to the presence or absence of PTSD symptoms, rather than to pre-migration variables or demographic factors (1994).

Studies examining the longevity and intergenerational transmissions of trauma have observed the commonality of unresolved feelings across cultures. Indeed, longitudinal studies have not only confirmed many cases of chronic traumatic symptoms in those exposed to atrocities, but also instances of intergenerational transmission of trauma symptomology in Vietnamese refugees (Vaage et al., 2011), Holocaust survivors (Danieli, Norris, & Engdahl, 2016; Kellerman, 1999; Yehuda, Schmeidler, Giller, Siever, & Binder-Brynes, 1998), combat veterans (Jordan et al., 1992; Rosenheck & Fontana, 1998), and immigrant and refugee families (Daud, Skoglund, & Rydelius, 2005; Rousseau, Drapeau, & Platt, 1999). This chronic and intergenerational trauma symptomology will be discussed in greater detail in the following subsections.

**Vietnamese refugees.** In a 2011 research study, Aina Vaage, Per Thomsen, Cecile Rousseau, Tore Wentzel-Larsen, Thong Ta, and Edvard Hauff explored the mental health of the children of Vietnamese refugees. This study presents the association between the psychological distress of parents and children 23 years after resettlement in Norway, as well as paternal predictors of children's mental health ( $n = 194$ ). The researchers assessed mental health using the Global Severity Index of the Symptom Check List-90-R for participants over the age of 18, and the Strengths and Difficulties Questionnaire for participants aged four to 18. Investigators found that a significant negative predictor of a child's mental health was the presence of PTSD

symptoms for the father upon arrival in Norway. The researchers concluded that although children of refugees “cannot be globally considered at risk for mental health problems...the preceding PTSD of their fathers may constitute a specific risk for them” (p. 1).

**Holocaust survivors.** Multigenerational transmission of trauma has also been well documented within Holocaust survivors and their children. A review of the literature on intergenerational transmission of Holocaust trauma demonstrated that, while most children of Holocaust survivors are essentially “healthy and well-functioning individuals,” those who do develop trauma symptomology display difficulties in specific areas (Kellermann, 1999, p. 61). These areas include impaired self-esteem, persistent identity problems, preoccupation with death, anxiety, unresolved conflicts, anger complicated by guilt, and exaggerated family attachments or difficulty entering into intimate relationships (1999). Similarly, a qualitative study consisting of interviews with Holocaust survivors and their children ( $n = 44$ ) showed that the presence and severity of symptoms in the parent may be related to symptoms in the child, and that PTSD in a parent could be a risk factor for the child developing PTSD themselves (Yehuda et al., 1998).

More recently, researchers exploring the characteristics of transmission within a sample of 422 adult children of Holocaust survivors found that the experiences of the survivors, particularly that of internment, had significant indirect effects on their children (Danieli et al., 2016). Furthermore, after finding that independent effects on the children were due to the parents’ “victim styles” (i.e., fighter, numb, and/or victim), the researchers suggest that trauma transmission should be re-conceptualized as a result of psychosocial processes. Consequently, the investigators’ conclusions include recommendations that:

...survivors’ and offspring’s suffering might be reduced through efforts to recapture meaning, purpose, identity, connectedness of past, present and future, and attachments to

community and place (Danieli et al., 2016, p. 639).

**Combat veterans.** Studies investigating the impact of trauma symptomology upon the families of US Vietnam era veterans suggested that children of combat veterans with PTSD were more likely to have behavioral problems (Jordan et al., 1992), and that these behavioral problems were also related to the degree of violence veterans participated in while serving in Vietnam (Rosenheck & Fontana, 1998). In Jordan et al.'s 1992 study, investigators interviewed 1,200 male Vietnam veterans and 376 spouses. The research team found that families of veterans with current PTSD showed higher levels of severe problems in family adjustment and violent behavior compared to the families of veterans without current PTSD symptoms. Additionally, in a later study of male Vietnam combat veterans with children, researchers used data from the National Vietnam Veterans Readjustment Study ( $n = 257$ ) and interviewed spouses and partners to understand the degree to which family dynamics were impacted by a spectrum of violent combat behaviors (Rosenheck & Fontana, 1998). The investigators in this study found a significant, direct relationship between a veteran's participation in abusive violence (i.e., atrocities) and behavioral disturbances in their children 15 to 20 years later (1998).

**Immigrant families.** Finally, chronic and intergenerational effects of trauma have been found in immigrant and refugee families. A 2005 study measured the impact of parental experiences of torture prior to immigrating to Sweden on the mental health symptoms of their children (Daud, Skoglund, & Rydelius). Using interviews, the Karolinska Scales of Personality, and the Harvard/Uppsala Trauma Questionnaire, fifteen families with at least one parent having experienced torture prior to resettlement were compared with fifteen families from a similar cultural background where a parent experienced violence, but not torture. The study showed that the children of tortured parents exhibited a higher prevalence of symptoms of anxiety,

depression, PTSD, attention deficits, and behavioral disorders (2005). However, trauma that is experienced by the family as a whole may have protective factors by bonding the family through their shared suffering and acting as a strengthening motivator for providing a better future for the next generation (Rousseau et al., 1999). For example, a longitudinal study of 67 Cambodian refugees in Montreal included interviews and measures such as the Adolescent Friendship Inventory to assess emotional and behavioral problems, as well as the social adjustment of adolescent refugees. The researchers found that:

The trauma a family suffered before leaving their homeland and prior to the teenager's birth seems to play a protective role at various times in adolescence with regard to externalized symptoms, risk behavior, and school failure in boys, and foster positive social adjustment in girls (p. 1263).

The following section discusses the longitudinal implications of trauma and peace as viewed through the current literature.

### **Trauma and Peace**

In light of the previously-discussed body of literature describing chronic and often intergenerational symptoms of trauma, one is left to question the implications for peace, given that consequences of traumatization have the propensity to carry on far past the resolution of conflict from an international or intrastate perspective. For example, in studies investigating attitudes towards peace within populations across the globe, symptoms of depression, anxiety and PTSD or ASD (Acute Stress Disorder) are highly correlated with feelings of violence, non-reconciliatory attitudes, and revenge. These findings have been reported in Northern Uganda (Vinck, Pham, Stover, & Weinstein, 2007), the Democratic Republic of Congo (Hecker, Hermenau, Maedi, Schauer, & Elbert, 2013), Rwanda (Schaal, Weierstall, Dusingizemungu, &

Elbert, 2012), with Kosovar Albanians (Lopes Cardozo, Kaiser, Gotway, & Agani, 2003), and with Kurdish refugees (Stammel, Neuner, Bottche, & Knaevelsrud, 2012).

With the lasting effects of trauma and the strong correlation with a desire for violent retaliation, the durability of peace in such an environment is questionable. In these circumstances, however, some post-conflict communities have been able to use their traumatic experiences to argue for a “never again” approach to peacebuilding, transforming trauma into community activism for the preservation of a more peaceful society (Hallward, 2008; Hallward, 2011). Additionally, as discussed previously in the instance of trauma exposure by Cambodian refugee families, some survivors of trauma experience the dual nature of its long-term effects by viewing family suffering as both a burden and as a source of collective strength (Rousseau et al., 1999).

In most cases, however, unattended attitudes of violence, retaliation, and revenge are corrosive to individual well-being and to the peace process as a whole. Thus, community well-being, as a product of the collective emotional and physical health of individuals and families functioning within the system, is argued within the literature to be a cornerstone to the peacebuilding process. A study in post-conflict Guatemala showed that a communal culture of openness about emotional health and attitudes towards the peace process could decrease the prevalence of negative feelings towards opposing groups and combatants, and could even counteract intergenerational transmissions of trauma (Ramos, 2013). Likewise, in a study among Israelis and Palestinians, Weder et al. (2010) argued that the promotion of physical and emotional well-being in trauma is of critical importance, and subsequent local peace initiatives that consider emotional well-being may also offer positive integrative benefits both at the individual level and at a higher level in official peace negotiations.

Furthermore, trauma experienced by a large group or an entire society (because of war, oppressive regimes, genocide, etc.) is defined in the community sense, and thus separated from individual or personal trauma. This factor is of critical importance in that the emotional weight of war is not simply felt individually, but also collectively. This type of societal trauma has been described as “sociocultural trauma” (Lin, Suyemoto, & Kiang, 2009). In contrast to sociocultural trauma, personal trauma consists of a traumatic event that happens to an individual or family, and that occurs in a relatively stable societal structure unrelated to an explicit social context. Violent conflict and humanitarian emergencies, however, produce sociocultural trauma and are thus inherently experienced by society as a whole, or by an entire military unit or group. Instances of “collective PTSD” have even been discussed as a result of the protracted conflict experienced by Israelis and Palestinians (Lerner, 2011). Given this knowledge, the subsequent effects of trauma must not only be viewed as an individual concern, but as a societal issue with macro-system contextual implications.

### **Well-being & the American Service Member**

According to the Centers for Disease Control and Prevention (CDC), well-being is a critical component to public health, and consists of factors such as self-perceived health, longevity, healthy behaviors, mental and physical health, social connectedness, productivity, and factors found in the physical and social environment (Centers for Disease Control and Prevention, 2016). The CDC derived these indicators from a compilation of results in cross-sectional, longitudinal, and experimental studies on well-being (Diener & Seligman, 2004; Lyubomirsky, King, & Diener, 2005). A 2004 review of the well-being literature shows that, while economic indicators are important for understanding well-being in the early stages of a state’s economic development, as societies grow more wealthy well-being differences are “more

frequently due to factors such as social relationships and enjoyment of work” as opposed to income (Diener & Seligman, 2004, p. 1). The authors argue that psychology holds a central place in well-being and that well-being consists of factors such as living in a stable society that provides enough resources to meet basic needs, having social support and rewarding work that provides adequate financial support, being reasonably healthy, having access to mental health treatment when needed, and having a future-orientation and life “philosophy or religion that provides guidance, purpose, and meaning to one’s life” (p. 25). Furthermore, a metadata analysis of cross-sectional, longitudinal, and experimental well-being studies concluded that positive affect (or positive moods and emotions) promotes sociability, activity, altruism, liking of self and others, strong bodies and immune systems, and effective conflict resolution skills (Lyubomirsky, King, & Diener, 2005).

From this empirical data, the CDC thus broadly defines well-being as the presence of positive emotions and moods (e.g., contentment, happiness), the limited presence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning. Simply stated, well-being is judging life positively and feeling good (Centers for Disease Control and Prevention, 2016). When considering conflict and well-being among men and women serving in the United States military, of particular concern is the increasing number of negative mental health symptoms and diagnoses found in service members -- PTSD, depression, panic, and anxiety (Jamil, 2004) -- along with the comparatively minimal number of service members who have access to, or are accessing, treatment and resources due to stigma, funding, and a practical inability to provide one-on-one therapy to every individual service person following a deployment (Hoge et al., 2004; Tanielian et al., 2008; Wang et al., 2005). Although military culture, training, and service are shown to be socially-centered and focused on intense

identification with the collective group (McGurk, Cotting, Britt, & Adler, 2006) the current most effective treatment practices for service members today with chronic PTSD include individually-delivered trauma-focused cognitive-behavioral therapy (TFCBT) and individually-delivered eye movement desensitization and reprocessing (EMDR) (Bisson et al., 2007).

For example, the processes of group-centered identification are particularly salient for military units and culture as service personnel are often involved in formal and informal socialization practices that prove to be quite strong (Tucker, Sinclair, & Thomas, 2005). Indeed, this formation of a military identity is seen as a “military indoctrination process” whereby “less brave” men and women are transformed from civilians to service members and trained to “know and trust each other in order to attack the enemy” (McGurk, Cotting, Britt, & Adler, 2006, p. 13). Military personnel often undergo processes and rituals from the first day of training that encourage group inclusion, cohesion, identification, nationalism, and the normalization of the use of extreme violence (Franke, 2000; Winslow, 1999). These practices may be observed in the sharing of living quarters, designated uniforms, insignia tattoos, unit mottos and songs, as well as the sharing of similar stressors and pressures. From boot camp to deployment, the training of military personnel, and the social and personal identities derived from these interactions, tends towards the creation of unit, combat-oriented, and group mentalities and behaviors (Harleman, 1998).

Studies examining identity formation and socialization within the military have shown that time spent within the military identifies the individual with military values and with the inevitability of war, thus promoting a more positive association with a “warrior” mentality (Franke, 2000). An analysis of the Canadian Airborne Regiment produced findings that the collective “bond” felt among service members during deployments functions as a source of



identification that can prove to exceed expected values and norms (Winslow, 1999).

Furthermore, conflict psychologists and researchers have recommended that the military's traditional, combat-oriented warrior identity should be replaced with a different framework for understanding what it now means to be a soldier (Britt, 1998). Because present-day military culture and mainstream civilian life assume different aspects of identity (for example: warrior, officer, or infantryman vs. mother, father, or church-goer), negotiating between these identities, specifically with the ambiguity that often comes with it, poses significant obstacles to successful identity resolution. Such obstacles include difficulty in social functioning, productivity, community involvement, and self-care. These have been found to be some of the most prevalent reintegration problems among Iraq and Afghanistan combat veterans (Sayer et al., 2010). For example, as one veteran described when explaining the difficulty adjusting to civilian life at home and work:

It was very difficult to get back in the swing of things at home and work. At home I had been gone a year and missed out on a year's worth of my children's and wife's life. They grew, got used to me not being there and it was hard to try and get back in the swing of things with them...It was also hard to assimilate back into work and the other employees. I missed out on a year's worth of experiences and situations they all went through together. They talk about topics and experiences they and their families went through that I have no idea what they are talking about. I feel like an outsider... (quoted in Orazem et al., 2016, p. 5).

### **Civilian vs. Military Identities**

In contrast to the socially-driven identification developed in training and service, military personnel in need of mental health assistance will often find that most treatments available to

them are individually-focused psychopharmacology and/or psychotherapeutic interventions (American Psychiatric Association, 2006). For instance, the current most accepted forms of treatment from the Department of Veterans Affairs include, when appropriate, a combination of individual therapies such as Cognitive Behavioral Therapy and medication (Friedman, 2014). Although U.S. military branches have conducted anti-stigma campaigns to decrease barriers to care, stigma within the military population continues to be associated with fears of negative career impacts and perceptions of being weak (Miggantz, 2013).

Evidence suggests that the stigma associated with mental health issues can lead to lowered self-esteem and can prevent service members from getting needed psychological help (Greene-Shortridge, Britt, & Castro, 2007). Furthermore, reports have shown that service members are often afraid to even be seen going into a mental health practitioner's office (Dingfelder, 2009). Theoretically, this walk to the office for individual therapy could be felt as individually singling the service member out of their unit and group, serving to distance the service member from their collectively-identified norms and behaviors. For example, as one participant in the current research study explained:

If you see Behavioral Health while, you know, you're stateside, you get thrown into that mix of being a broken soldier and you're no more, you're not combat effective anymore. And I think that's why I put off for so long not going to see them, because you don't want to be that broken soldier, because you're not combat effective anymore. So, you're useless, you know, you're just taking up space.

Identity tensions for service members are not only prevalent within the context of mental health stigma, however. While it is typically understood that a secure military identity allows military personnel to more easily transition between mission requirements and increase their

propensity for mission accomplishment (Franke, 2003), the extent to which the social identity of service members may impact their overall well-being has yet to be thoroughly researched.

Studies have suggested that a lack of social support and a sense of insecurity may lead to feelings of isolation and loneliness that, when compounded with the stress of combat, may lead to long-term emotional and psychological consequences (Britt & Oliver, 2013). The inability to successfully cope with stress has been shown to increase service members' likelihood for developing problems such as PTSD, depression, substance abuse, and anger management problems (Hoge et al., 2004; Maguen, Suvak, & Litz, 2006). This may also imply that insecure identity or identity conflicts could lead an individual to uncertainty as to how to define themselves in their social environment, thus increasing feelings of isolation and negatively impacting well-being.

As "a key to understanding the processes that drive identity development and expression lies in understanding how individuals respond when their identity is threatened" (Breakwell, 2010, p. 6.2), the need to include service member reintegration in the concepts of identity and well-being is of critical importance. A threat to identity occurs when there are incompatible processes of assimilation and accommodation within a person's existing self-concept. These types of threats are aversive and have the potential to cause negative experiences, though, if coping strategies are effectively utilized, may be subjectively non-threatening (Breakwell, 2010). One common incompatible identity process experienced by service members is the negotiation between what's appropriate in civilian culture, such as the expectation of jail time for taking a life, with what is appropriate in combat and military culture, such as the expectation to use violence when necessary (Demers, 2011).

With this in mind, it is of little surprise that some of the most commonly described post-

deployment difficulties are role negotiation and identity crises upon returning to the United States (Demers, 2011). In a focus group conducted among active duty soldiers, reservists, and veterans, a common problem described was “‘turning your emotions on and off like a light switch’, of ‘being a killer’, and of the expectation on the part of civilians that they act ‘like a gentleman at the same time’” (p. 169-170). In another focus group, a veteran described her experience returning from deployment stating, “the worlds don’t touch...because the moment we bring that [military experience] into this world, then it’s contaminated just like we are” (quoted in Demers, 2013, p. 502). Other service members shared, “I [want to] find my true self and not something that was manipulated along the way.... I want the reverse of what I had when I got in.... Undo me; let me figure out how to not [be] like this anymore” (p. 503). These statements highlight the difficulties in transitioning between the roles of warrior and civilian and underscore the identity metamorphosis that many service members feel occurred during their time in uniform. How and why such tensions may impact well-being will be explored from a theoretical perspective in the following sections.

### **Review of the Theory Literature**

A review of the literature on Social Identity Theory and Maslow’s Hierarchy of Human Needs offers insight into the potential impact of identity upon well-being, specifically as it relates to community reintegration following military deployments and/or discharge or retirement from military service. The following subsections review literature discussing Social Identity Theory and suggest a blending with Maslow’s hierarchy of human needs in examining and addressing issues related to service member reintegration.

**Social Identity Theory.** According to Social Identity Theory<sup>1</sup>, an individual's self-concept encompasses a personal and a social identity (Tajfel & Turner, 1986). This cooperative blending of identity enables a person to make sense of and apply meaning to the social environment, as well as to locate and define themselves in the broader context of the social environment (Ashforth & Mael, 1989). In other words, a person is able to locate and define him- or herself (and apply the social characteristics of the group in which their identity lies) only after first defining other groups within the social environment and determining where their own individual identity does or does not fall (Hogg, Terry, & White, 1995). Self-perceptions, norms, attitudes, feelings, beliefs, and behaviors are consequently derived from a person's self-understanding and an awareness of their subjectively defined place in the world, or "social location" (Brubaker & Cooper, 2000).

Given the number of roles and groups to which an individual may belong, it is likely that each person will hold multiple social and personal identities at any given point in time (Franke, 2003; Ashforth & Mael, 1989; Wiley, 1991; Stryker, 1968). Identities generally function in congruence with one another; however, conflicts arise when the values, attitudes, beliefs, norms, or behaviors inherent in one identity are inconsistent with those of another identity (Ashforth & Mael, 1989). With this in mind, the identity tensions that result from combat-trained and warrior-identified military personnel transitioning back to the roles required in their civilian lives are not unexpected. The typical soldier in combat is well-prepared and professional, trained with critical skills, and has developed a mentality that will enable him or her to respond with aggression and

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<sup>1</sup> It is important to note that while there are many valid critiques of Social Identity Theory (SIT), such as an implied propensity for identity-driven group hostility (Demmers, 2012), the usage of SIT in the context of this research is to highlight the critical nature of a person's social location, and the implications of tensions derived from navigating multiple and conflicting identities. In fact, I discuss in the quantitative findings in Chapter 5 that a more secure social identity, as measured through membership self-esteem, is a predictor of greater benevolence motivations towards a perceived enemy, which is quite the opposite of the critique that SIT implies an inevitability of identity-based violence.

the ability to react violently to eliminate an enemy when necessary (Harleman, 1998).

Transplanting this same warrior-identified and combat-trained soldier back into civilian roles and responsibilities requires a dramatic shift in attitudes, behaviors, norms, and feelings -- all components of an already well-developed social identity.

Common challenges experienced by service members upon returning home from deployments have recently become more prevalent within the literature. A study of U.S. combat veterans who served in Iraq-Afghanistan and use VA medical care revealed that more than one half of participants struggled with anger control problems, and nearly one third engaged in risky behaviors such as dangerous driving and increased substance use (Sayer et al., 2010). Studies investigating community reintegration following service member injury and rehabilitation found that “injured service members’ personal and environmental contexts after injury, rehabilitation, and military service are important to the frequency and satisfaction of their participation in their home and community” (Hawkins, McGuire, Britt, & Linder, 2015, p. 244). Furthermore, social support plays a critical role in how well injured service members adjust to home and community participation (Hawkins, McGuire, Linder, & Britt, 2015).

Regardless of mental health concerns, anger control problems, or injuries, most veterans face challenges in functioning and community involvement after deployments (Sayer et al., 2010). Furthermore, if left unattended “these problems could have deleterious effects not only on the individual but also on his or her family, community, and society as a whole” (Sayer et al., 2010, p. 594). Thus, community involvement and functioning within a social system is a critical need for service members when returning home from deployment and transitioning out of military service.

**Sense of Belonging and Reintegration.** The importance of community involvement and

functioning is not only observed with military service members, however, as social belonging is a critical component of all basic human needs. Abraham Maslow's hierarchical theory of human needs posits human behavior and motivation as being intrinsically determined by a sequential system of needs. These needs are arranged in hierarchical order, and include physiological needs, safety needs, the needs of love, affection, and belongingness, esteem needs, and the need for self-actualization (Maslow, 1943). The satisfaction of each need is preconditioned by the fulfillment of lower level needs. When a violent conflict or humanitarian emergency occurs, individuals are forced to the bottom tier of this hierarchical pyramid. Once basic physiological and safety needs are again met, an individual may recommence the process of satisfying the needs of love, belongingness, esteem, and self-actualization.

The need for belonging is also present in Social Identity Theory. According to Tajfel and Turner (1986), social identity consists of "those aspects of an individual's self-image that derive from the social categories to which he perceives himself as belonging" (p. 16). This need for a sense of belonging can also be considered as a need for a "sense of community." Sense of Community (SOC) has been defined in the literature as "a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members needs will be met by their commitment to be together" (McMillan and Chavis, 1986, p. 9). This sense of community may also be understood as comradeship and societal support, and has been shown to promote social integration and a larger sense of belonging (Barron, Davies, and Wiggins, 2008). Thus, comradeship, family support, and social support have all been shown to be important resources for service members and veterans when returning home (Burnell et al., 2010). The Department of Veterans Affairs describes the community reintegration of returning service members as a multifaceted engagement in "diverse aspects of role functioning as an (1)

independent, autonomous person; (2) family member; (3) friend; (4) spouse and/or intimate partner, (5) parent; (6) civic and community member; (7) student; and (8) member of the workforce” (Resnik et al., 2012). These concepts may also be understood as aspects of identity.

### **A Combined Theoretical Perspective**

The literature has shown causal implications between identity and the physical and emotional well-being of various populations, highlighting the need for a combined theoretical perspective linking social identity with human needs and well-being. For example, a study conducted with injured veterans showed that higher reports of identity integration correlate with greater positive growth (deRoon-Cassini et al., 2013), and a study of Zimbabwean asylum seekers in the United Kingdom showed that losses of identities and role confusion correlate with negative implications for psychological well-being (Miller, 2010). Studies linking identity with well-being have also been conducted with Southeast Asian refugees in Canada (Beiser & Hou, 2006), Soviet World War II veterans (Coleman & Podolskij, 2007), Roma adolescents (Dimitrova et al., 2013), and Pacific Islanders in New Zealand (Manuela & Sibley, 2013). These studies linking social identity and physical and/or emotional well-being will be discussed in greater detail in the following subsections.

**Veterans with spinal cord injuries.** In a 2013 study, researchers using a mixed-methods investigation of “meaning-making appraisals” by veterans with spinal cord injuries sampled 79 participants to identify relationships between meaning-making themes and post-injury psychological distress and health (deRoon-Cassini, et al., 2013). Study measures included interviews, the PTSD Checklist, the Zung Self-Rating Depression Scale, the Sense of Well-being Inventory, and the Purpose in Life scale. Findings from this research suggested a correlation between identity integration and greater positive growth. For example, participants who



conveyed that they were able to incorporate their injury and its new physical and life demands into their self-image and self-perception reported positive personal growth, including an ability to more fully appreciate life following their injury (2013).

**Zimbabwean asylum seekers.** As a portion of a doctoral dissertation, seven Zimbabwean asylum seekers in the United Kingdom (UK) completed in-depth interviews to explore identity issues and psychological well-being (Miller, 2010). In addition to exploring several broader themes related to the experiences of asylum seekers, the researcher found a relationship between role confusion and threats to psychological well-being. The study findings concluded that the negative social representations experienced by refugee and asylum seekers posed threats to their identities and prevented the positive integration of their various conceptions of self. This constant struggle to navigate the personal and social perceptions of each participants' collective identities resulted in significant psychological distress for all participants (2010).

**Southeast Asian refugees.** Researchers have also explored the relationship between ethnic identity and psychological well-being among Southeast Asian refugees in Canada (Beiser & Hou, 2006). A questionnaire, including an ethnic identity measure, the Depressive Affect Measure, and several demographic measures, was administered to a sample of 647 Southeast Asian refugees in Canada. The study investigators found that ethnic identity had a significant relationship with the experience of resettlement stressors. For example, the researchers suggest that a strong ethnic identity "buffered the potentially damaging consequences of failure to acquire the language of the resettlement country" (p. 145). However, the study also found that for those participants who faced discrimination, a strong commitment to one's own ethnic identity was related to greater emotional distress (2005).

**Soviet World War II veterans.** Fifty World War II veterans from the former Soviet Union were interviewed and given measures related to self-esteem, life satisfaction, and generativity in a 2007 study examining the dynamics of identity development and adjustment to societal change following the fall of communism (Coleman & Podolskij). Subsequent to an interview conducted by a trained psychologist, participants completed a measure of self-esteem, the Satisfaction with Life Scale, a measure of wartime experience, and the Loyola Generativity Scale. The study investigators found that the majority of participants were able to integrate their war experiences into their life stories, and correspondingly had high levels of well-being. Additionally, the “sense of being part of history was of great importance to them and it compensated to a large degree for the continuing distress of mind, interruptions to normal life, and lost opportunities (e.g., to pursue higher education)” (p. 58). This ability to successfully navigate the identities of warrior and civilian in post-communist Russia seems to have been facilitated by the meaning provided by their wartime experiences and a subsequent connection to time, space, and their place within these concepts.

**Roma adolescents.** The collective identity and psychological well-being of Bulgarian Roma adolescents and their mothers has also been explored in a 2013 study (Dimitrova et al.). One hundred and ninety-four Roma adolescents and their mothers participated in self-report questionnaires including demographic information, the Bulgarian Mainstream Identity Scale, the Roma Ethnic Identity Scale, the Familial Identity Scale, the Religious Identity Scale, and the Satisfaction with Life Scale. The results indicated that collective identity was a positive predictor of well-being in both adolescents and their mothers. Furthermore, the collective identity of the mothers was also a predictor of adolescent well-being in their children (2013). These findings suggest that the link between social identity and psychological well-being exists across cultures.

**Pacific Islanders in New Zealand.** In another 2013 research study, Pacific peoples in New Zealand were administered the Pacific Identity and Wellbeing Scale to explore the organization of Pacific identity and wellbeing (Manuela & Sibley, 2013). In total, 586 participants completed the 31-item scale. The results of the study indicated a relationship between identity and wellbeing for Pacific peoples, with religion acting as a key factor in this relationship. The investigators argue that understanding the hierarchical relationship of identity and wellbeing offers a conceptual analysis of the relationship between identity, culture, and various social indicators of health and wellbeing, particularly as it relates to the context of understanding suicide in Pacific Islanders in New Zealand (2013).

### **Conclusion**

As shown in the literature reviewed in this chapter, emotional health and well-being have a direct correlation with attitudes and behaviors (Rousseau et al., 1999; Stammel et al., 2012; Vinck et al., 2007). Furthermore, the healthy resolution of traumatic symptoms and participation in therapeutic treatments have been shown to correlate with positive attitudes and behaviors (Ramos, 2013; Weder et al., 2010). When considering the causal implications of identity upon well-being, the question remains as to how the social identity of a US military service member may affect emotional well-being when transitioning from the communal environment of military culture and/or conflict deployments to life as an American civilian.

When viewing reintegration practices in various cultures such as American Indian tribes, reintegration measures that involve community participation have been shown to have positive effects upon a warrior's ability to transition from the battlefield to civilian roles (Silver & Wilson, 1988). These rituals, such as powwows, sweat lodges, and ceremonial story-telling, bring the community together to communally honor the soldier, acknowledge what he or she has

had to do and see in service of the tribe/country, provide a safe place to desensitize the acute nature of traumatic memories, and return the soldier to a distinguished role in the community reserved especially for warriors (Gross, 2007).

The blended theoretical framework of Social Identity Theory and Maslow's Hierarchy of Human Needs implies that an environment where a sense of belonging and community reintegration is fostered could translate into a more secure social identity for the service member, and thus greater emotional functioning. As such an inquiry has yet to be comprehensively researched, uncovering whether the community has an impact upon social identity and well-being could have important policy implications on the designation of resources in post-deployment, as well as inform organizational and treatment practices within the government, health care, and service groups working with service members. The implications of this research do not only apply within the United States, however, as such a line of inquiry also poses potential generalizable implications for communities experiencing trauma across the globe.

### **Chapter 3**

#### **Methodology**

##### **Research Questions & Hypotheses**

Conventional wisdom argues that an important aspect of a service member's emotional health and community reintegration when returning home from deployment(s) and/or transitioning out of military service is engagement in diverse aspects of role functioning in civilian life. Research has shown that comradeship, family support, and social support are important resources for service members and veterans when returning home (Burnell et al., 2010). Furthermore, the Department of Veterans Affairs describes the community reintegration of service members to be predicated upon the individual's engagement as an "(1) independent, autonomous person; (2) family member; (3) friend; (4) spouse and/or intimate partner, (5) parent; (6) civic and community member; (7) student; and (8) member of the workforce" (Resnik et al., 2012).

However, Social Identity Theory suggests that a service member's ability to effectively engage in these roles is first predicated by a successful identity transition from a "warrior" to a "civilian." In fact, some practitioners suggest that PTSD within veterans is best understood not as a stress disorder, but rather as an identity disorder (Tick, 2005). While research locating causality between identity and post-deployment well-being has yet to be comprehensively conducted, the two concepts have been explored within other populations. For instance, a previously-discussed study conducted with veterans who have survived spinal cord injuries concluded that higher reports of identity integration correlate with greater positive growth (deRoon-Cassini et al., 2013), and a study of Zimbabwean asylum seekers in the UK demonstrated that the loss of identities and role confusion correlate with threats to psychological well-being (Miller, 2010). In

focus groups conducted among active duty soldiers, reservists, and veterans, common identity tensions are described as “‘turning your emotions on and off like a light switch,’ of ‘being a killer,’ and of the expectation on the part of civilians that they act ‘like a gentleman at the same time’” (Demers, 2011, p. 169-170). Additionally, small-scale empirical research within societies using communal rituals for service member reintegration suggests that a service member’s emotional well-being does not rest on his or her normal resumption of activities within the community, but first on the community’s deliberate transition of the individual into these new, competing roles (Silver & Wilson, 1988).

Using insights from Social Identity Theory and Maslow’s Hierarchy of Human Needs to examine the experiences of service members returning home from deployment(s) and transitioning out of military service, this dissertation invokes two research questions:

- *How does social identity impact the emotional well-being of military service members when transitioning to civilian roles following deployment(s) and/or the end of military service?*
- *How does participation in formalized or ad hoc community reintegration “rituals” influence the service member’s felt sense of return?*

As culture and identity frame “our responses to conflict by giving us cognitive and affective frameworks for interpreting the behavior and motives of others and ourselves” (Docherty, 2003, p. 716), the question remains as to what the consequences for well-being may be if a secure identity framework is not created. Studies have suggested that a lack of social support and a sense of insecurity may lead to feelings of isolation and loneliness that, when compounded with the stress of combat, may lead to long-term emotional and psychological consequences (Britt & Oliver, 2013). This may also imply, however, that an insecure identity or

identity conflicts could lead an individual to uncertainty as to how to define oneself in his or her social environment, subsequently increasing feelings of isolation and negatively impacting well-being. Thus, the expected results of the study are as follows:

- *Hypothesis 1:* Individuals who have more integrated, less competing civilian and military identities (as measured by collective self-esteem and out-group motivations) will demonstrate higher instances of well-being (as measured by emotional well-being and social well-being).
- *Hypothesis 2:* Individuals who have participated in a societal or communal ceremony, ritual, or event, which is held specifically for reintegration purposes, will demonstrate a more secure social identity (as measured by collective self-esteem and out-group motivations).

### **Research Design**

This research project is of mixed-method design with both quantitative and qualitative approaches. The quantitative research is cross-sectional with quasi-experimental elements. In order to determine differences in key factors associated with the research question, while also attempting to control for extraneous variables that influence well-being (such as mental health status), multiple variables were measured at a single moment in time, thus denoting the appropriateness of a cross-sectional design. The study design is quasi-experimental, as there are naturally occurring treatment and control groups of individuals with varying levels of access to methods of community integration for the transition between military and civilian identities.

Internal validity is an unfortunate limitation within the study, as it was not conducted in a laboratory setting and thus could not be purely controlled. I attempted to control for these factors through seeking a larger sample size for increased generalizability, as well as through the use of

validity-tested measurement tools. Likewise, the existence of pseudo-control and treatment groups provided subsequent benefits in demonstrating significance of relationships. Finally, I further addressed validity by conducting semi-structured follow-up interviews. In the sections that follow, I will outline the methodology that I used in exploring aspects of identity and well-being, including measures and modes of analysis. Due to the complicated methodology of this research, I first attempted a pilot study to explore the feasibility of recruiting participants through a web link, as well as a pilot for the interview protocol. In the sections that follow, the pilot study will be discussed, along with subsequent lessons learned. Following this discussion, I will present the main methodology of this research resulting, in part, from the findings of the pilot study.

### **Pilot Study**

With the understanding that societal and communal reintegration activities likely occur on a spectrum, I created a pilot study to explore ad hoc community reintegration rituals and to test potential procedures. Questions addressed through the pilot study included:

- *How does participation in ad hoc community reintegration “rituals” influence the service member’s felt sense of return?*
- *In what type of ad hoc community reintegration “rituals” do service members participate?*

**Data & Sources.** The sampling frame for the pilot study included U.S. military service members who had experienced at least one deployment, were 18 years of age or older, and who were current students at a specific university in the southeastern United States. Through an online survey, participants initially provided eligibility information such as age, gender, branch of service and type of duty, number of deployments and regions deployed, as well as their



current status as a university student. Participants then indicated their willingness to complete a one-hour interview, and provided contact information and preferred availability. In semi-structured interviews, participants shared their experiences following their return from deployment or transition out of military service, how he/she felt about the different roles or “hats” worn in civilian life following their transition, and what types of activities they engaged in when returning home. Sample questions included:

1. In what ways did your experience returning home from deployment compare to your expectations of how your experience would be?
2. In what ways were you able to cope with obstacles that you faced when returning home?
3. What advice would you give to a future service member preparing to return home from a deployment?

**Data Collection.** I announced the study throughout the campus via email, flyers, dissemination through veteran student groups, and by word of mouth. I directed potential participants to complete a short online survey to assess eligibility and to provide availability information in order to schedule a one-hour interview. In total, 12 service members participated in the study ( $n = 12$ ). Of these participants, service members represented the Air Force, Army, Navy, and Marine Corps; male and female; reserve and active duty veterans; and experience as both officers and enlisted service members. I identified several themes and the impact of these themes on the veterans’ felt sense of return. These themes are listed in Table 1.

Table 1

*Pilot Study Activities, Rituals, & Themes*

<i>Community Reintegration Activities (Formal &amp; Informal)</i>	<i>Impact on Felt Sense of Return</i>
1. Official celebrations at the airport and homecomings on post.	1. Immediately touching or gratifying, but somewhat overwhelming.
2. Military transition programs such as the Yellow Ribbon Reintegration Programs.	2. Perceived as very helpful to service member and family, but not often able to use.
3. Community outreach through “honorary” community leader roles on base.	3. Increased connection with community and provided sense of support.
4. Cross-country drive & spending time alone.	4. Provided space to “clear head”, but often stressful upon completion.
5. Spending time with other service members at bars or restaurants.	5. Returned sense of camaraderie during the time together.
6. Substance use.	6. Momentarily helpful for desensitization, but ultimately counter-productive.
7. Intentional activities with immediate family.	7. When the interactions were positive: provided a sense of support and unity through increased communication/understanding.
8. Mental health counseling.	8. Provided relief and normalization of experiences.

**Lessons Learned.** The most immediate lessons learned from the pilot study included an expanded list of ad hoc community reintegration activities, the feasibility of using a two-step survey and interview process, as well as possible obstacles for recruitment. Recruiting participants for the pilot study was very challenging, and I met with a larger degree of resistance than anticipated. It became apparent very quickly that trusted relationships would be most

beneficial in accessing the population, as individuals were much more open to participate after learning that a friend had done the same. Furthermore, the online survey “front door” to the data collection procedures seemed to work rather well, allowing key information to be gathered prior to the interview. Finally, I was able to create a more comprehensive list of the spectrum of activities that service members may engage in following a return from deployment or transition out of service. This list translated into a critical question in the main research methodology, as illustrated in Figure 1, which is a screen shot of a question from the finalized online survey.

What activities did you engage in to help you transition home after your return from deployment?  
(Please choose all that apply.)

- Celebration with family
- Community event (such as a community BBQ, parade, etc.)
- Group therapy or Counseling
- Individual therapy or Counseling
- Online transition class(es)
- Powwow or sweat lodge ritual
- Religious event
- Retreat for Service Members/Veterans
- Stand Down Event
- Vacation
- Yellow Ribbon Event
- None
- Other (Please explain)

Figure 1: Survey section on post-deployment reintegration activities.

**Implications.** I identified several implications for the main research study as a result of the pilot study. Primarily, I realized that a more representative sample size would be necessary in order to provide generalizability, and that further research is needed to understand ceremonies and rituals used for the reintegration of veterans returning home from deployment and/or transitioning out of military service. Additionally, as anticipated, I observed a need to explore causal mechanisms between identity and well-being, particularly in light of the critical role that community reintegration plays upon a service member's experiences. There remains a gap in understanding the role that communities may have upon the reintegration of service members if and when society at large takes responsibility for bringing veterans home successfully, respectfully, and with dignity.

### **Settings & Sample**

The sampling frame for the main research study included U.S. military service members who were at least 18 years old and who have experienced at least one deployment and/or who have transitioned out of military service. Key variables that I measured to explore causal links include:

- **Dependent Variable:** Biopsychosocial well-being (As measured by physical well-being, emotional well-being, and social well-being.)
- **Independent Variable:** Social identity (As measured by collective self-esteem and out-group motivations.)
- **Intervening Variable:** Participation in community reintegration events

I explored these variables through a survey measure offered online and via hard copy at specific events. The survey measure was supplemented by participant observations and semi-structured interviews. I initially sought a higher survey sample size of at least 1,066 participants in an effort

to increase external validity. I determined this number of 1,066 participants by using the total number of service members deployed to Iraq and Afghanistan between 2001 and 2011, 929,936 (Baiocchi, 2013), and calculating a representative sample size with a 95% confidence level and a confidence interval of 3. Although I was not able to access this large of a sample size with the resources available to me, 184 individuals attempted the online survey measures, 42 participants completed follow-up interviews, and I conducted five participant observations at four different reintegration activity sites.

To reach as many participants as possible, I contacted each of the largest veteran-serving agencies within every state for distribution of an email link to the electronic survey. I sought a research partnership with these agencies to facilitate identifying willing participants, as well as to identify possible participants within the various veteran communities for use in snowball sampling. I collaborated with non-profit organizations using reintegration rituals to treat returning service members, such as Central Coast Veterans Helping Veterans in San Luis Obispo, California, Partners Behavioral Health Management in North Carolina, the Veteran's Sweat Lodge Elder Council at the American Lake VA in Lakewood, Washington, and the Marvin "Joe" Curry Veterans Pow Wow in Salamanca, New York. I also sought access through service provider channels, specifically among social workers treating military members. As a Licensed Clinical Social Worker and a Behavioral Health Officer for the Georgia Army National Guard, the credibility achieved through these professional roles was helpful when approaching potential partners.

In addition to organizations serving and treating military service members, I contacted Veteran's Administration (VA) centers and clinics for survey dissemination. Establishing formal relationships with local VAs proved to be elusive, however. Subsequently, I created a survey

distribution list of nearly 150 veteran service organizations to guide requests for collaboration and partnerships. Figure 2 offers an example of a section of the distribution list that was used to distribute the survey link, flyers, and research information in order to recruit participants. I also created a website platform to provide a streamlined location for interested participants to receive further information regarding the study. A sample screen shot from this website (www.VeteransWellbeingSurvey.com) is illustrated in Figure 3. Likewise, an example of a flyer that I created for distribution and promotion of the study is illustrated in Figure 4. At the end of each survey, participants had the opportunity to register for a chance to win Amazon gift cards by providing their email address on a separate, unconnected online form, as indicated in the flyer.

Congressional Medal of Honor Society of the USA	Victoria Kueck, Director of Operations	www.cmooh.org	medialhq@earthlink.net	Veterans NGO	1/27/16			Will send personal emails to the most current recipients		10
CWO & WO Association		http://www.cwoausa.org/	ncwoa@earthlink.net	Veterans NGO	1/27/16					
US Coast Guard Destroyer-Escort Sailors Association	John P. Cosgrove	desausa.org	fordesnews@desausa.org, webmaster@desausa.org	Veterans NGO	1/27/16					
Disabled American Veterans	Garry Augustine, ED	http://www.dav.org/contact-us/	https://www.facebook.com/DAV	Veterans NGO	1/27/16					
Disabled Veterans National Foundation		http://www.dvnf.org/?gclid=Ckysu4WxK7Y3hew0Cv0E1D	info@dvnf.org / https://www.facebook.com/The.DVNF	Veterans NGO	2/2/16					
Enlisted Association of the National Guard of the US	A Garber	www.enlist.org	enlist.org	Veterans NGO						
Fleet Reserve Association	Christopher Slawinski, National Veterans Service Officer	www.fra.org	fra@fra.org / vafra@fra.org	Veterans NGO	2/2/16					11,000
Florida Veterans Foundation	Col. Washington Sanchez		wjsan4@gmail.com		1/11/15	850/4433451				
Florida Veterans Foundation and Military Officers of America, Tallahassee Chapter	Col. Claude Shipley		shipleyCD@aol.com		1/11/15					
FSU Student Veterans Center	Joan Holmes	https://veterans.fsu.edu/	holmesjoan57@gmail.com	College/University				posted on Facebook		907
FSU Veterans organization	William (Billy) Francis		wfrancis@admin.fsu.edu					posted on Facebook		
Help Hospitalized Veterans	Diane Hartmann, Pres. and CEO	www.hhv.org	hhv@hhv.org	Veterans NGO	2/2/16					
Hipanic War Veterans of America	Carlos Aguilar Zapata, National President			Veterans NGO	1/8/16					
Iraq/Afghanistan Veterans of America	Thomas Tarantino, Chief Policy Officer	www.iva.org	tom@iva.org, info@iva.org	Veterans NGO	2/8/06					
Italian American War Veterans of the US	National Commander	www.italvets.org	italvets@earthlink.net	Veterans NGO	1/8/16					10,000
Japanese American Veterans Assoc.	Col. Bruce Hollywood, ED	https://jawa.wildapricot.org/	javapromo@gmail.com	Veterans NGO	2/8/16			Will pass along to the board for consideration		
Jewish War Veterans of the US	Rosenbleeth, National Executive Director	http://www.jvw.org/	rev@jvw.org	Veterans NGO	2/8/16					50,000
Kennesaw State University	KSU Service Desk	http://itb.kennesaw.edu/support/formselect.php?st=tech&studefnt_email_announcement		College/University	2/8/16				Student Announcement Email Sent 2/9 & 2/10	1,000
Korea Veterans of America	Al Jenner, Vice Commander	www.koraveterans.org/	raljoo@aol.com, kvanjane@aol.com	Veterans NGO	2/8/16					
Korean Ex-Prisoners of War	Jack Chapman, Editor	http://koreanwarvets.org/	jackchap@earthlink.net, webmaster@koreanwarvets.org	Veterans NGO	2/8/16					
Legion of Valor of the USA	Donald Marx, Washington Liaison	www.legionofvalor.com	don@legionofvalor.com	Veterans NGO	2/8/16			Forwarded		725
Marine Corps League	Michael Blum, ED, Meg Thoburn	www.mclnational.org	mthoburn@mclleague.org, mclnationalwebteam@gmail.com	Veterans NGO	2/8/16					76,000
Marine Corps Reserve Association	Ken Hopper, President	http://www.usmcrs.org/	ken.hopper@hhs.gov	Veterans NGO	2/22/16					
Military Chaplains Association of the USA	Chaplain Lyman Smith, Deputy ED	www.mca-usa.org	chaplain@mc-usa.org	Veterans NGO	2/22/16			Will include in weekly newsletter		8,600

Figure 2: Excerpt from the survey distribution list.

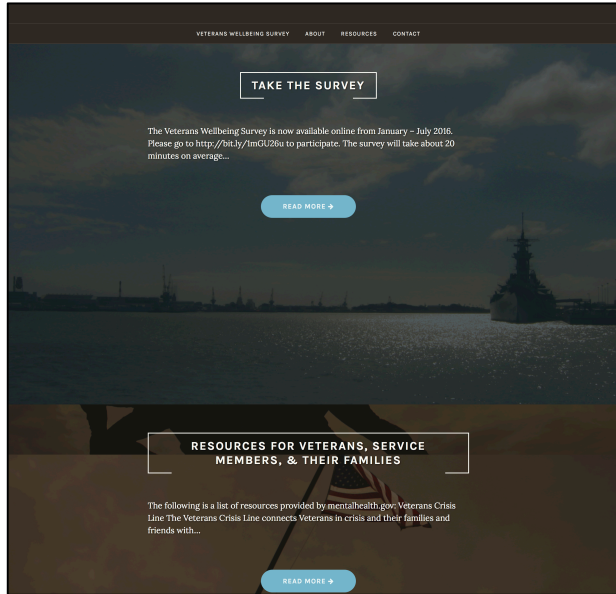


Figure 3: Screen shot of [www.VeteransWellbeingSurvey.com](http://www.VeteransWellbeingSurvey.com).



Figure 4: Sample survey flyer.

I also specifically invited American Indian service members to take part in the research, given the higher rate of involvement in culturally and religiously significant rituals for identity transition. American Indian military service members were selected as a sub-set data source due to the soldier reintegration ceremonies and rituals practiced within many American Indian communities, which have been shown to have positive effects on a warrior's ability to transition from the battlefield to civilian roles (Silver & Wilson, 1988). As previously mentioned, to further examine ritual-based treatment for community reintegration, I conducted observations at community reintegration events. Research sites for observations included:

- The Elder Warrior Retreat (or, more recently, Healing Through Reckoning and Responsibility) at the St. Francis Retreat Center in San Juan Bautista, CA in partnership with Central Coast Veterans Helping Veterans: The Elder Warrior Retreat is a week-long retreat for veterans of all faiths and ethnicities, and uses ritual-based practice as the foundation for treatment (Healing Through Reckoning and Responsibility, 2017).



*Figure 5: The St. Francis Retreat Center (First CCSJ, 2016).*

- The Foothills Stand Down Event for Homeless Veterans in Hickory, NC through Partners Behavioral Health Management and the Asheville, NC VA: The Foothills Stand Down Event for Homeless Veterans is modeled after the original “Stand Downs” during the

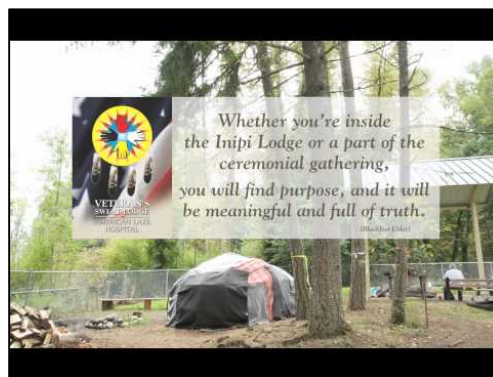


Vietnam War that provided service members an opportunity to rest away from the front lines and receive a warm meal, a hot shower, medical and dental care, and social support (Veterans Transitional Advocacy Board, 2016).



*Figure 6: A previous Foothills Stand Down Event (Western North Carolina Region Red Cross, 2012).*

- The Inipi Sweat Lodge Ceremony in Lakewood, WA through the American Lake VA and the Veteran’s Sweat Lodge Elder Council: The Inipi Lodge is a ceremonial gathering designed to seek purpose, meaning, and truth (American Lake VA Sweat Lodge, 2016).



*Figure 7: The Inipi Lodge (American Lake VA Sweat Lodge, 2016).*

- The Marvin “Joe” Curry Veterans Pow Wow in Salamanca, NY through the American Legion and the Seneca Nation: Also known as the Seneca Casino Veteran’s Pow Wow, the Marvin “Joe” Curry Veterans Pow Wow is a several day event of dancing, music, and ceremonies in honor of veterans (Seneca Pow Wow, 2017).



*Figure 8: The 2013 Veterans Pow Wow (Seneca Pow Wow, 2013).*

### **Data Collection**

Data collection included electronic surveys and semi-structured interviews. Where feasible, and with informed consent again provided, I conducted follow-up interviews consisting of semi-structured questions to allow for additional comments and flexibility. Each electronic survey asked the participant to indicate if he or she was willing to be contacted by phone or email for any follow-up questions that may be necessary. To protect confidentiality and anonymity, participants interested in completing follow-up interviews were directed to a separate form to provide contact information. Participants were given a randomized number at the end of the online survey and were asked to write down this number and input it onto the separate form. This option provided me with the opportunity to look over each participant's survey measures prior to conducting the follow-up interview and, with this historical background already established, I was able to ask more probing questions relevant to his or her experiences.

Collected electronic data included information about the service member's social identity, community reintegration, and well-being. In addition to the main independent and dependent variables, I collected service data pertaining to length and branch of service, number of deployments, and types of reintegration activities the service member had participated in. I also collected demographic data such as age, gender, ethnicity, and employment status, in order to take into account further intervening variables.

## Instruments

The primary independent variable of the study is *social identity*, while the dependent variable is *well-being*. As individuals often hold multiple social identities, which may be fluid and fluctuating given varied circumstances (Stets & Burke, 2000), participants answered identity questions at the onset of the interview to prevent unintentionally activating and influencing self-reported identities at a later point.

**Social identity.** After providing informed consent, participants were asked to read the following statement: “As individuals in society we all belong to a variety of groups, e.g., social (club, family, friendship), religious, ethnic, academic, occupational, geographic, ideological, etc. Please identify five groups that you most strongly identify with and that affect how you see yourself as a person” (Franke, 2000, p. 179). After identifying these five groups, participants were asked to assign each group a Likert-type number value, on a scale from 1 to 5, to indicate the level of importance each group holds for themselves as a person. This type of numbering allowed the participant to indicate how strongly he or she identified with the group, with a quantitative value for each identity. Participants were not asked to rank their identities in order to leave space for identities held at similar importance.

While designing the methodology, I originally anticipated creating a numerical index from the scores of the identities entered by participants. My intent was to assign the numerical value to each role and then separate the roles into the categories of civilian and military. In the end, this mode of analysis did not prove feasible as participants often did not answer this question fully, or did not assign a numerical value to the identified role. I completed analysis of this survey question by separating responses into categories based on their inclusion of only

military identities, only civilian identities, or both civilian and military identities. I will discuss this further in Chapter 5.

Following the brief identity measure, the data collection instrument consisted of demographic information, as well as service information such as number and length of deployments, number of combat experiences, length of time since returning to the United States, etc. Participants were then given the 16-item Collective Self-Esteem Scale (Luhtanen & Crocker, 1992) to measure self-reported social identity within the participant's social groups in general. This scale consists of four subscales: membership self-esteem, private collective self-esteem, public collective self-esteem, and importance to identity. I chose the 16-item Collective Self-Esteem Scale as an additional social identity measure as it is one of the few scales that evaluates a person's self-esteem as it relates to his or her collective identity (Luhtanen & Crocker, 1992). Furthermore, the measure was adapted based on Tajfel and Turner's Social Identity Theory (1986), and has been tested for reliability and revised for construct validity (Luhtanen & Crocker, 1992).

Finally, I measured motivations of avoidance, revenge, and benevolence towards transgressors through the 18-item Transgression-Related Interpersonal Motivations Inventory, or TRIM-18 (McCullough et al., 1998). Because an important aspect of social identity is the ability to locate oneself in relationship to in-groups and out-groups, I used the 18-item Transgression-Related Interpersonal Motivations Inventory (TRIM-18) to measure avoidance, revenge-seeking, and good will intentions towards a perceived "enemy" (McCullough, Root, & Cohen, 2006). I selected the TRIM-18 due to the measure's high internal validity, good reliability, moderate test-retest stability, and evidence of construct validity (McCullough et al., 2006, 1998).

**Well-being.** In order to gain a complete picture of well-being and all factors associated with emotional health, I assessed well-being on multiple dimensions. I chose the 12-item Optum SF-12v2 Health Survey (Ware, Kosinski, Turner-Bowker, & Gandek, 2007) to assess overall health, as well as the medium, 54-item Ryff Scale of Psychological Well-being (Ryff, 1989) to measure overall psychological well-being. I chose the 12-item Optum SF-12v2 Health Survey as it is a shorter version of the 36-item health survey, and has been shown to be a reliable and valid measure to assess functional health and well-being from the point of view of the participant (Optum, Inc., 2014; Ware, Kosinski, & Keller, 1996).

Additionally, I selected the 54-item Ryff Scale of Psychological Well-being as it is a shorter version than the 84-item full length scale and a more reliable version than the shorter 18-item scale, as communications with Dr. Ryff's team recommended against the use of the 18-item scale due to issues with reliability. I additionally selected the Ryff Scale because of its comprehensive operationalization of aspects of well-being (Ryff, 2014), as well as for its proven reliability across populations (Ansari, 2010). The 54-item Ryff Scale of Psychological Well-being measures well-being across six distinct dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff, 2014). I administered these scales, along with the before-mentioned demographic, identity, and reintegration measures, through the Kennesaw State University Qualtrics survey administration tool. The average time needed to complete the entire survey was approximately 20 minutes. All survey measures are provided in Appendix A in the appendices section.

## **Procedures**

**Interviews.** I chose the semi-structured interview as a secondary means of data collection due to its reliance on a “number of predetermined questions and special topics...but the

interviewers are allowed freedom to digress” (Berg & Lune, 2012, p. 112). This structure allowed the interview to consist of pre-determined questions, while also providing me with the necessary flexibility to probe and further discuss elements as needed. Objectives for the interviews included gathering the necessary information to measure and test the research hypotheses, as well as avoiding any undue psychological discomfort on the part of the participants. Interviews typically lasted for approximately 30 minutes. The interview protocol was as follows:

1. In the online survey, you were asked to describe activities you participated in when transitioning home from deployment. Could you please describe these activities in greater detail?
2. In the online survey, you were asked to indicate aspects of your identity that are important to you. Could you describe these identities? In what ways did you engage in these roles when returning home?
3. Are there any ways that you feel your community assisted in your ability to transition back to life in the United States, or could have better assisted? How or in what ways?
4. In what ways did your experience returning home compare to your expectations of how your experience would be?
5. What did you find most enjoyable about your return home?
6. What did you find most difficult about your return home?
7. In what ways were you able to cope with these obstacles when returning home?
8. If you could keep or change one thing about your experience returning home, what would it be?

9. What advice would you give to a future service member preparing to return home from a deployment or transitioning out of service?
10. Do you have any additional comments or thoughts about anything in your experience that we have not covered?

**Observations.** In order to triangulate the research question, I collected additional data using direct observation techniques. The types of observation techniques I performed included observations for microethnography. Microethnography “aims at descriptions of how interaction is socially and culturally organized in particular situational settings” (Garcez, 1997, p. 187). I conducted microethnography observations in order to observe service member reintegration practices, including those conducted within American Indian communities (Silver & Wilson, 1988). In these settings, I conducted detailed observations of the rituals in order to convey thick description (Geertz, 1973) of the ceremonies at hand. Because these ceremonies are often very intimate, I participated in events that are generally open to the public.

In order to further increase representativeness as well as gain information from this difficult-to-access population, I chose observation sites through purposeful selection (Light, Singer, & Willett, 1990). Because completely random sampling typically provides representativeness only with very large sample sizes, purposeful selection was appropriate to increase “confidence that the conclusions adequately represent the average members of the population” (Maxwell, 2012, p. 98). Once on site, however, I sampled observations as randomly as possible. To accurately observe the entire event as well as the individual’s role within the ceremony, I alternated (in periodic increments so as to promote observation representativeness) between continuous monitoring of the entire event and spot sampling of specific participants.

While conducting observations, I organized field notes using electronic and physical notes. While observing the ceremonies or rituals, I carried a separate journal notebook to hold cryptic jottings while in the field (Maxwell, 2012). After the conclusion of each ceremony and when I was alone, I made detailed descriptions electronically in a word processing program. Using comment features in Microsoft Word, I made electronic analytic notes for inclusion with the detailed descriptions, although clearly marked as observer comments. Finally, I kept a separate notebook journal in which to record subjective reflections of any personal observations, emotions, or information pertaining specifically to myself and my interaction with the environment and participants while in the field (2012).

### **Data Analysis**

As previously mentioned, I administered well-being, social identity, and reintegration measures in an electronic survey through the Kennesaw State University Qualtrics survey administration tool. I downloaded raw survey data from Qualtrics and used IBM SPSS software for analysis. I analyzed coded data from qualitative interviews using NVivo software (further explanation of data coding is provided below). I used bivariate and multivariate levels of analysis to determine the nature of relationships within the data. I measured correlation primarily through determining the Pearson's  $r$  value between each variable. The chi-square value was also determined to measure the level of statistical significance within the relationships. Finally, I completed multiple regression analyses and ANOVA analyses to further understand the relational impact of the independent variables on psychosocial well-being. All data was analyzed to determine if a relationship existed between the independent and dependent variables. Demographic information provided for control variables to ensure that any relationships found between the dependent and independent variables weren't better explained by other causes.



**Coding Qualitative Data.** I initially analyzed textual data from interviews with NVivo software using directed content analysis, as this approach “involves the use of more analytic codes and categories derived from existing theories and explanations relevant to the research focus” (Hsieh & Shannon, 2005, p. 352). Existing theories of identity, reintegration, and well-being informed the coding and analysis of the observation and interview data. I transcribed data from field notes and interviews, and then input the data into Microsoft Word for readability.

I limited analyses to manifest content in order to confine the data to that content which is already present and to avoid subjective interpretation (Berg & Lune, 2012). I continuously made notes and developed codes throughout transcription, and ran text search queries and analyses within NVivo to identify additional codes. From these codes, I began to detect categorical themes, which I sorted to review the similarities and disparities in relationships, patterns, and phrases. Once categorized and sorted, I isolated emerging patterns and analyzed these patterns in relation to existing theories and research, in order to highlight any generalizable findings that were present. In general, coding for key concepts and themes included:

- Well-being: Preliminary coding for well-being included terms and statements related to physical, mental, spiritual, and psychological health; housing; positive emotions; satisfaction with life; gender and personality; age; sufficient income; etc.
- Social Identity: Preliminary coding for social identity included terms and statements related to roles and relationships held by the participant, including employment, familial, faith, professional, political, military, positive relations with others, etc.
- Community Reintegration: Preliminary coding for community reintegration was quite broad, as each participant engaged in unique reintegration activities. I initially coded responses into the separate categories of reintegration activities as identified in the survey

measure. As patterns became clear regarding common reintegration activities, I separated collective responses into the main types of reintegration activities reported by participants. I will discuss these analyses further in the findings and conclusion chapters.

I also developed coding related to the translation of meaning and identification found in rituals for return from themes and concepts identified in the pilot study. As previously discussed, the literature on community reintegration in some American Indian communities focuses on ceremonies in general, such as sweat lodges and powwows (Gross, 2007). According to Gross, a review of the literature reveals specific benefits to veterans participating in these ceremonies, which I interpreted for the purposes of this research into broader themes found in service member narratives across the spectrum of participation in reintegration activities. I subsequently discuss these themes as a method of analysis in the qualitative portions of this research: specifically, in both the participant observation findings chapter (Chapter 4) and the follow-up interviews findings chapter (Chapter 6).

### **Ethical Considerations**

I gave ethical consideration specifically to the potentially emotionally vulnerable position that veterans might find themselves in while discussing difficult personal experiences. I thus designed the procedures to eliminate any undue physical discomfort to participants, as the online portion could be conducted at a location and time of their choosing, and the interview portion also took place via telephone or in person at a convenient time chosen by the participant. I also gave particular care when designing the research instruments so as to not cause psychological discomfort in the interview. As a clinical professional with current State licensure as a Licensed Clinical Social Worker, I drew on my clinical training to ensure that the psychological well-being of each participant was considered throughout the entire interview.

To limit any psychological discomfort to the participant, I primarily focused each interview on activities involved with reintegrating into daily life. I did not intend for research procedures to discuss any potentially traumatic experiences involved with military deployments. The interview and survey focused only on the participants' experiences in daily life returning home to the United States and/or transitioning into civilian roles following discharge or retirement from military service. I maintained confidentiality within the survey portion of the research, as responses were anonymous and identifying information was not collected or stored in any way. All associated electronic data has been stored via encryption on my personal computer requiring keyword access to both the computer and the documents. Physical data is also stored in a locked file in my office. Any potentially identifying information is kept locked and separate from any corresponding data.

## Chapter 4

### Participant Observations: Practicing Return from Coast to Coast

#### Introduction

To further examine the social identity, or collective self-esteem, of veterans and service members, I observed treatment methods that focus on community involvement (and if possible, identity formation). Community reintegration events offer a prime source for such observations, with ritual-based ceremonies often providing a non-mainstream approach to alleviating symptoms while building dialogue and unity between the community and the warrior. As mentioned in the previous chapter, the literature on community reintegration traditions specific to American Indian communities focuses on ceremonies in general, such as sweat lodges and powwows (Gross, 2007). According to Gross, a review of the literature reveals specific benefits to veterans participating in these ceremonies, which I have interpreted for the purposes of this research into broader themes found in service member narratives across the spectrum of participation in reintegration activities. These themes include:

1. Social absorption of stress (Holm, 1986).
2. Community support that allows for the experience of grief to become empowering (Native American Development Corporation, 1990).
3. The deconditioning of emotions associated with combat (Silver & Wilson, 1988).
4. A new outlook on life that lessens the emotional impact of combat stress (Silver & Wilson, 1988).
5. A sense of unified connectedness with time, space, and group identity (Silver & Wilson, 1988).

6. Honor, received from communities to veterans, for their service, in order to give meaning and purpose to their sacrifices (Holm, 1986).
7. Rapprochement with tribal elders, which, in turn, helps to re-establish a commitment to their respective cultures (Holm, 1986).
8. Status in the community and prestige given as recognition of wartime service and subsequent maturation as adults (Holm, 1986).

Although the research supporting the aforementioned themes is rather dated, the relevance of these findings is not. A recent study of the multigenerational legacies of trauma provides further justification for using the above themes as a lens for analysis in approaching the alleviation of trauma suffering for various populations. The researchers in question explored methods of trauma transmission throughout generations of Holocaust survivors and their children and grandchildren, and found that:

...survivors' and offspring's suffering might be reduced through efforts to recapture meaning, purpose, identity, connectedness of past, present and future, and attachments to community and place (Danieli et al., 2016, p. 639).

These findings echo the previous themes of why traditional practices for healing have treatment benefits for both Native and non-Native veterans. Identity, social connection, meaning, and honor hold multi-cultural importance for individuals recovering from the trauma of war and conflict, regardless of when and how they were affected by the traumatic event(s).

To observe these potential benefits first-hand, and to further explore what impact such non-mainstream approaches may have upon social identity, I chose four observation sites representing various activities that a veteran may participate in. These activities may be in lieu of, or in addition to, mainstream practices such as individual or group therapy. In order to further

increase representativeness as well as gain information from this difficult-to-access population, I chose observation sites through purposeful selection (Light et al., 1990). These sites included the Foothills Stand Down Event for Veterans Living in Homelessness in Hickory, North Carolina; the Elder Warrior Healing Journey in San Juan Bautista, California; the Marvin “Joe” Curry Veterans Pow Wow in Salamanca, New York; and the Inipi Sweat Lodge Ceremony in Lakewood, Washington.

### **Conducting the Observations**

As discussed in Chapter 3, I used microethnography observations to observe service member reintegration practices, including those conducted within American Indian groups that involve community participation and have been shown to have positive effects upon a warrior’s ability to transition from the battlefield to civilian roles (Silver & Wilson, 1988). In these settings, I conducted detailed observations of the rituals and ceremonies at hand. Because these ceremonies are often very intimate, I participated in events that were generally open to the public, as many American Indian communities offer veteran ceremonies to military service members and civilians outside of the tribal group. Once on-site, I sampled observations as randomly as possible. Because completely random sampling typically provides representativeness only with very large sample sizes, I used purposeful selection to increase representativeness of the average participants present at the events. To accurately observe the entire proceedings as well as individual roles within the ceremony or event, I periodically alternated between continuous monitoring of the entire experience and spot sampling of specific participants.

While conducting observations, I organized field notes both electronically and physically. While observing the ceremonies, I carried a separate field notebook (one that was chosen

specifically for a non-academic look to avoid unduly raising the anxiety-level of participants due to active knowledge of observations) to hold jottings while in the field (Maxwell, 2012). After the conclusion of each ceremony and when I was alone, I created detailed descriptions electronically using Microsoft Word. Finally, I kept a separate notebook journal in which I recorded more subjective reflections of any personal observations, emotions, or information pertaining specifically to myself and my interaction with the environment and participants while in the field. I will discuss each of the four observations in detail in the following sections.

### **Observation #1: Foothills Stand Down Event for Veterans Living in Homelessness**



*Figure 9: Foothills Veterans Stand Down volunteers help an Air Force veteran with a new pair of boots (Reed, 2015)*

**Background.** The 2016 Foothills Stand Down Event for Homeless Veterans was held in Hickory, North Carolina through Partners Behavioral Health Management and the Asheville, North Carolina Veterans Administration (VA). The Foothills Stand Down is modeled after the original “Stand Downs” during the Vietnam War that provided service members an opportunity to rest, away from the front lines, and receive a warm meal, a chance to shower, medical and dental care, and social support (Veterans Transitional Advocacy Board, 2016). The first Stand Down event held in support of veterans living in homelessness occurred in San Diego, California

in 1988, and has grown to nearly 200 events across the country each year (Nachison, Van Keuren, & Talbott, 2012). Stand Down events not only offer a wide range of services and support, but also offer an important opportunity for the community to engage with local veterans living in homelessness to provide connections and referrals, and to work together to address individual needs (2012).

**The event structure.** The 2016 Foothills Stand Down in Hickory, North Carolina was held at the local fair grounds, which provided ample space for the movement of several hundred people. Typical Stand Down events range from one to four days, and this particular event was held for one day on a Saturday in April. The event was divided into 3 separate areas: a space for the opening ceremony; an indoor area for vendors and local organizations to provide information, referrals, and products to veterans in attendance; and a tented area on the grassy fairgrounds for mobile medical and dental clinics, clothing sorting, and food vendors.

The day began with an opening ceremony, which included the presentation of the “colors” (a military term for “flags”) by a local ROTC unit and remarks by organizers welcoming the veterans to the event. Buses provided transportation from nearby shelters, and I heard rumored talk that nearly 300 veterans living in homelessness were expected to be in attendance that day. Bleachers in the middle of the open area were reserved as a place of honor for the veterans in attendance, while hundreds of volunteers in bright-colored t-shirts stood around the perimeter of the area. I observed nurses and medical teams scattered throughout the crowd, adorned with identification designating their medical status. A few minutes after the opening ceremony began, I noticed that one veteran in attendance was sitting down, with a gaunt expression and chalky pallor of the skin. Within moments, medical volunteers were at his side coordinating care and



later arranged an ambulance to transport the patient for, presumably, more thorough testing and treatment.

The indoor area of the event was staffed by mostly non-profit organizations, separated into long rows of tables for booths. The tables held pamphlets and brochures describing the services offered by each organization, and staff and volunteers stood near the tables to provide information and answer questions. Small giveaway items accompanied most booths, including items such as socks, fruit, bandages, and bags. Following the opening ceremony and breakfast, veterans had time to roam the room, stopping at booths of interest or need, and were able to gather relevant information and items. The event organizers also partnered with local ROTC units to provide personal escorts for the veterans, who assisted these guests of honor in navigating through the different areas, carrying excess bags, and ensuring that the veterans were able to access all of the various services available to him or her.

Finally, the outdoor area included all other resources too large to fit into the indoor non-profit exhibition area. Most importantly, this area included the meal space where a warm breakfast and lunch were served, as well as emergency services. As many of the participants were living in homelessness at the time of the event, access to preventative and timely medical treatment was a limited resource in their daily lives. As with the veteran who needed emergency medical care during the opening ceremony, the volunteer medical teams on site had resources available to address critical and emerging health care needs that might be identified during medical screenings or simply during the course of the day. Local religious organizations also had tents set up for prayer or other spiritual needs. Many other services were available to veterans in these areas, such as an area for legal services involving military records, assistance with

accessing care through the VA, opportunities to call family members, and areas where participants could get a haircut, a warm shower, and a clean change of clothing.

**Participant observations.** My first major observation was of the large number of community members at the event volunteering or representing non-profit organizations. There appeared to be hundreds of volunteers setting up the event when I arrived. I also observed that the number of community members at least doubled that of veterans, and many of the community members were also veterans themselves, although they were not living in homelessness. The opening ceremony included many diverse faces, with volunteers representing different ages, genders, and ethnicities, which was somewhat against what I had expected from actual population demographics of rural North Carolina communities.

During the event, I was offered a table in the exhibit hall where I had the opportunity to provide information regarding my dissertation research, and to make available web links and/or hard paper copies of the survey measures for any veteran or service member present who was interested in participating in the research. I also offered plastic cups filled with wet wipes, Band-Aids, and candy as a small incentive to visit the table. Having a booth within the exhibit hall afforded me the opportunity to observe the event from two different participant vantage points: first as a bystander while walking around speaking to people and observing the event in action, and second as an insider assisting with the offering of resources and information. I found the former to be an excellent angle from which to experience the event as a veteran living in homelessness might, and the latter as a point of access “behind the scenes”. The opportunity to move between each role was invaluable.

Of particular significance was the level of honor and esteem afforded to the participating veterans. From the beginning of the opening ceremony, the veterans were “welcomed home” and

thanked for their sacrifices given on behalf of the nation and community during their service. Veterans also received acknowledgement for the sacrifices that they were continually making, often to their physical and emotional health from injuries sustained during their time in service. During one discussion, a veteran normalized the experiences of other veterans by sharing stories from his time living in homelessness and acknowledging that veterans hold wounds that are both visible and invisible to friends, family, and the community.

ROTC escorts, event organizers, and volunteers also showed respect to the veterans by addressing them as “sir” or “ma’am,” regardless of age or prior rank. Other gestures of acknowledgement included intentional eye contact, shaking hands, and taking time to listen. Although these efforts were small and simple, the acts represented a concerted effort to send a message to the veterans in the community that their needs were being seen and heard, and that they were not forgotten by the people living in homes around them. Whether these interventions had or will have a lasting impact, however, is debated within the practical realm, and will be discussed below.

**Discussion.** A common criticism from opponents to Stand Down-type events is that such a large event provides more benefits for those volunteering or staffing the affair than it does for those participating. I can understand the argument, as homelessness is such a seemingly intractable crisis within the United States that a one-day event, on its surface, would appear to have minimal lasting impact. While there is merit in the criticism, emerging research has supported this type of technique as a beneficial method of intervention when treating the spectrum of traumatic experiences.

One such method of intervention that has received practical attention in the treatment of trauma is psychosocial rehabilitation. These techniques are designed to “improve the capacity of

people to regain mastery over their environment” (Glynn, Drebing, and Penk, 2009, p. 394), and are theorized to have positive results. The theoretical base of psychosocial rehabilitation can be described as a product of Albert Bandura’s “agentic” theory of human development, which promotes the self-efficacy of the individual as the premier agent for change in his or her own life (Bandura, 1973). Glynn et al. describe the various techniques of psychosocial rehabilitation, asserting benefits in treating many mental health concerns, including: patient education techniques, supported education, self-care and independent living skills, supportive housing services, supportive family services, social skills training, supported employment, and case management (2009).

It is quite possible that Stand Down events such as the Foothills Stand Down offer many of these characteristics, even though they do not fit a traditional treatment modality. Many of the techniques described above may be found within one of the approximately 200 Stand Down events happening throughout the country in any given year. Furthermore, observed within these events are some of the themes identified previously of the unique benefits found in the ritual-based community reintegration techniques from American Indian traditions; such as a sense of unified connectedness (Silver & Wilson, 1988), honor received from communities to veterans (Holm, 1986), rapprochement from community leaders (Holm, 1986), and prestige given as recognition of wartime service (Holm, 1986). Although these attributes, in their specificity, are unique to cultural-based interventions, such benefits may be translated into a broader understanding of reintegration efforts that incorporate the community, whereby hypothetically increasing collective self-esteem and thus raising the veteran’s emotional well-being.

**Observation #2: Elder Warrior Healing Journey**

*Figure 10: Veteran & Service Members at the St. Francis Retreat Center*

*(Healing Through Reckoning and Responsibility, 2017)*

**Background.** The Fall 2015 and Spring 2016 Elder Warrior Retreats were held at the St. Francis Retreat Center in San Juan Bautista, California through the California-based non-profit organizations Central Coast Veterans Helping Veterans, Restorative Partners, and Healing Through Reckoning and Responsibility (HTRR). The event has been dubbed by staff as a “healing journey,” and is a weeklong retreat for veterans and service members of all faiths and demographics. I chose this specific event due to its use of ritual-based practice as a central foundation for treatment (Healing Through Reckoning and Responsibility, 2017). The November 2015 healing journey was the first event ever conducted by HTRR, and was adapted from retreats created by the non-profit organization Soldier’s Heart, which primarily functions in areas along the East Coast of the United States (Soldier’s Heart, 2016). Dr. Edward Tick, a co-founder of Soldier’s Heart, has written often of his belief that post-traumatic stress disorder is best understood as an identity disorder, and thus the retreats hosted by his organization have a specific focus on incorporating and navigating the often-diverging identities of the warrior-self and the civilian-self (Tick, 2005). As discussed in Chapter 2, navigating the duality of identities

that create tension may be an important aspect of well-being and successful community reintegration.

**The retreat structure.** The Saint Francis Retreat Center in San Juan Bautista, California includes beautiful grounds and scenery in an old Franciscan monastery. The property is a long, scenic drive off the highway, set back from the road on top of an incline in the rolling hills of San Juan Bautista. The grounds are surrounded by hiking trails, pastures, and ponds. The retreat center itself includes cozy, simple rooms with comfortable twin beds and no television; a large dining area with dozens of circular tables; and a meeting room with ample natural light and high vaulted ceilings. The Franciscan staff are kind and accommodating, appearing to treat each person with individualized care. The retreat center also staffs skilled cooks, with an added benefit of pleasantly full stomachs during the week-long retreat.

The Elder Warrior Healing Journey began on a Sunday and ended on the following Thursday. As participants arrived, they were assigned to separate groups for break-out discussions throughout the week. Participants included veterans, current service members, military family members, and civilians. Each discussion group included a mixture of civilian and veteran participants. As the retreat opened on the first day, the entire group, including myself, met together in a large circle of chairs in the meeting room. We discussed expectations for the week, along with the expressed intentions of the programming team to create an environment for safe, honest communication. Program staff also explained that the week's activities would comprise several different elements, many of which had been derived from Jewish, Catholic, and American Indian traditions. The organizers communicated to the participants that each person's story and experience would be held in respect and honor, stating that they wanted to set the tone so that each participant could listen and share "without judgement or diagnosis".

Three-and-one-half days of programming followed the opening day of the retreat. Each day typically included three sessions with a planned script of sharing, listening, and reflecting. Physical activity was also incorporated into daily stretching and breathing exercises, as well as free time for resting, socializing, or exploring the nearby nature trails. The HTRR staff allowed me to participate in two separate retreat experiences in November 2015 and April 2016. My first observation was participant observation, and after further discussions with the retreat team after the program's commencement, I was invited back to participate in the Spring 2016 retreat.

During this second retreat, I was invited to take on a larger role, including assisting in the development and implementation of a selection of elements conducted within the retreat. Participants in this second healing journey also had the opportunity to complete the measures from this research project at the beginning and end of the retreat. Both civilians and veterans were asked to complete the measures (with appropriate adjustments made for each context), and I compared results at the completion of the program ( $n = 14$ ). Although the margin of change was not statistically significant, the pre- and post-test measures demonstrated a positive change in overall well-being scores for the participants with prior or current military service, and a surprising incline (although still not statistically significant) in the emotional distress scores for the civilian participants. I found these results surprising, not because I had hypothesized a different outcome, but because it had not previously occurred to me that asking civilians to bear witness to the stressors and traumas impacting veterans might have a counter-effect of decreasing civilian well-being. These findings will be discussed further in the following sections.

**Participant observations.** Throughout the week, I observed the careful intentions and efforts of the retreat team to make a “safe and sacred” space within which to conduct the work of the retreat. On the opening day of the first retreat, one of the leaders conveyed the importance of

open communication, saying: “We are not here to do harm, but if you don’t tell us what’s going on, we might do that”. Retreat participants bonded quickly, and were surprisingly candid on the second day when given the opportunity to “unpack the rucksack” from their own personal journeys. The usage of the term “rucksack” provides imagery from military missions and ruck marches where the baggage or sack carried into the mission is unpacked upon returning. Participants were given the opportunity to verbally share any burdens that they had been metaphorically carrying, and to leave those burdens with the group to help carry forward. Such imagery was utilized throughout the week, providing a connection between the military-self, the civilian-self, and the present retreat.

Due to the sacred nature of many of the elements used within the retreat, the program staff have been hesitant to make public many of the specific details of their work, expressing concerns that their efforts may be duplicated without proper care and respect given to the ancient cultures from which the techniques were derived. While honoring their request, I will share general observations from one ritual that I found especially powerful and symbolic, with implications for identity formation and the building of collective self-esteem.

The retreat programming moved in a symbolic flow from looking backwards to the past, inwards to the present, and finally onwards to the future. On the second day of the retreat, while transitioning from past wounds to their effects in the present, participants completed a ritual of collectively sharing the burdens of war. Civilians and veterans were separated into two groups, with veterans asked to take time to reflect on the burdens or wounds that they may still be carrying with them from their time in service, and, if comfortable, to indicate with a piece of red tape on their body where this wound was located. Although group members represented wars and conflicts throughout US history, from current conflicts to WWII, the wounds often looked



similar and were both physical and emotional. Participants marked wounds to their eyes from things they had seen, wounds to their hands for things they had done, wounds to their hearts for friends who had fallen, and wounds throughout their body for injuries they sustained.

The civilian participants were then asked to enter the room and stand in a circle in the center, facing out. At their own pace, the veterans then went around the circle, eye to eye with the civilians, and offered their wounds to the other. Some of the veterans explained the wounds, and others were silent. With many participants in tears, the civilians took the symbolic wounds from the veterans, and placed the pieces of tape on their own bodies, in the same places where they had lain on the veterans. After this was completed, the civilians then carried the wounds to an object representing the United States, and symbolically placed the wound on the country, with the program leaders explaining that the burdens of war are owned by the entire nation, and are meant to be collectively carried. The program staff explained that a goal of the retreat was to attempt, in a small way, to correct the unbalanced burden of warfare today. When I reflect on this ritual, I vividly recall the humility, sadness, and hope that was communicated, mostly non-verbally, among participants throughout this session.

**Discussion.** Although the staff at this retreat consistently communicated that the journey was not “therapy,” but a collective experience embarked upon together, the therapeutic benefits reported by group members may be present, in part, due to similar positive effects demonstrated through group therapies. In a critical review of research on group approaches to treatment, Shea et al. (2009) found that, overall, “treatment with group therapy is associated with improvement in symptoms of PTSD” (p. 320). Although the singular nature of the retreat does not resemble the typical, consistent parameters of group therapy conducted over time, there are aspects of this community reintegration technique that help to explain why it may be effective.

As with the Stand Down event, the Healing Journey contains elements of treatment that are consistent with the benefits found within ritual-based therapeutic models from American Indian traditions. These include the social absorption of stress (Holm, 1986); community support that allows for the experience of grief to become empowering (Native American Development Corporation, 1990); the deconditioning of emotions associated with combat (Silver & Wilson, 1988); a new outlook on life that lessens the emotional impact of combat stress; a sense of unified connectedness with time, space, and group identity (1988); honor, received from communities to veterans, for their service, in order to give meaning and purpose to their sacrifices (Holm, 1986); and status in the community and prestige given as recognition of wartime service (1986). Again, although these attributes are unique to cultural-based interventions, such benefits may be translated into a broader understanding of reintegration efforts that incorporate the community, hypothetically increasing collective self-esteem and thus raising the veteran's emotional well-being.

### **Observation #3: Marvin “Joe” Curry Veterans Pow Wow**



*Figure 11: A past Marvin “Joe” Curry Veterans Pow Wow (Seneca Pow Wow, 2017)*

**Background.** The Marvin “Joe” Curry Veterans Pow Wow is held in Salamanca, New York in collaboration with the local American Legion and Seneca Nation. Also known as the

Seneca Casino Veteran's Pow Wow, the Pow Wow is a several-day event of dancing, music, and ceremonies in honor of veterans (Seneca Pow Wow, 2017). The history of the development of the powwow is largely an oral history, although the first powwow is said, by some, to have occurred approximately 400 years ago among Omaha and Ponca warrior societies (DesJarlait, 1997). These ceremonies were social gatherings for the passage of significant songs and dances, as well as a time for kinsmen to gather together and renew inter-tribal alliances (Zotigh, 1991). Indeed, the formation of the powwow as it is now understood included variations of "ceremonial, sacred, and social dances [that] integrated the individual, communal, warrior, and religious societies" (p. 1).

**The Pow Wow structure.** The 2016 Marvin "Joe" Curry Veterans Pow Wow was held at the end of July at Veteran's Park in Salamanca, New York. The event was open to the public, and there was talk from staff that thousands of patrons were expected over the course of the weekend. Walking into the park, the expansive grounds opened up into separate areas for various activities. There was a large arena in the middle of the park that was surrounded by fences that served to divide the arena from the rest of the grounds, and tall bleachers on one side for spectators to watch as the ceremonies unfolded. Tents of various sizes were spread out around the arena area, with sections designated for food vendors, arts and crafts vendors, non-profit organizations, dancers, designated shaded seating for veterans and older adults, as well as a large area for dozens of drum circles.

The ceremonies began with the "Grand Entry," which included all of the dancers and groups that would be competing over the course of the Pow Wow. The Native veterans in attendance led the Grand Entry out into the arena, in a place of honor, carrying the flags of the United States, Canada, Seneca Nation, POW/MIA (Prisoner of War/Missing in Action) flags,

and many others of meaning to the veterans in attendance. The host drum circle group played a song written for the veterans in attendance as a designation of honor and respect. While the masters of ceremony introduced each group, and “welcomed home” the participating veterans as well as all other veterans at the park, the dancers entering the arena danced to the song of the drum circle, each in a unique style of dance with personal significance. As the arena floor was considered sacred ceremonial grounds, only those individuals participating in the ceremonies and dances were allowed to enter. Over the course of each day, however, hundreds of dancers and drummers competed and performed for the audience.

**Participant observations.** As with the Stand Down event and the Healing Journey Retreat, the organizers of the Marvin “Joe” Curry Veterans Pow Wow also allowed me to attend the event in a dual capacity. During the event, I operated a booth in the non-profit exhibit area where I had the opportunity to provide information about my dissertation, and make available web links and/or hard paper copies for any present veteran or service member who was interested in participating in the research. I also offered plastic cups with the survey website, along with pencils as a small incentive to visit the table. Having a booth within the park gave me the opportunity to observe the event from two different participant vantage points: the first as a bystander while walking around speaking to people and observing the event in action, and the second as an insider assisting with the offering of resources and information. As with the Stand Down, I found the former to be an excellent vantage point within which to experience the event as a more covert participant observer, and the latter as an overt participant observer. Once again, the opportunity to move between each role was invaluable.

The level of honor and esteem afforded to the participating veterans was significant. As with previous observations, veterans were “welcomed home” and thanked for their sacrifices

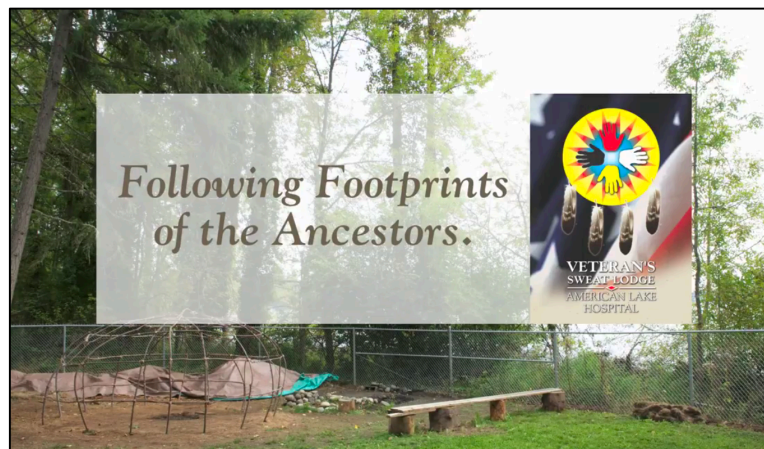
given on behalf of the nation and community during their service. The ceremony emcees also took time to speak directly to veterans who had served in Vietnam, acknowledging that their experiences coming home were often ones met with anger, resentment, and accusations from American society. The meaning of being a Native veteran was also discussed during the ceremony and in conversations conducted throughout the event. Many participants discussed the paradox of being asked to fight and die on behalf of a country that had a history of disregarding the rights and needs of the Indian community in America. I observed what appeared to be internal pain and unhealed wounds in these discussions, although many Native veterans seemed to have found resignation in the belief that there would not be a resolution to these concerns, and continued the search for meaning in their military service and identity in addition to their Native identity.

**Discussion.** The large, community nature of the powwow offers many benefits for social identity development. For such gatherings specifically focused on honoring veterans, the returned warrior has an opportunity to share the burden of service with his or her entire community, as a warrior who served on behalf of others. As noted by Silver and Wilson (1988), added benefits of the mass involvement of community and family members include the affirmation and recognition of the warrior, group support for surfacing and integrating traumatic experiences, as well as underlying “the bond existing between the community and those who might be warriors in the future by demonstrating the nature of the support that would be available to them if called into military duty” (p. 346).

As with the therapeutic benefits previously discussed, and likely catalyst to positive identity formation, powwows share many of the characteristics discussed in the Stand Down event and the Healing Journey. Such themes relevant to this particular ceremony include the

social absorption of stress (Holm, 1986); community support that allows for the experience of grief to become empowering (Native American Development Corporation, 1990); a sense of unified connectedness with time, space, and group identity (Silver & Wilson, 1988); honor, received from communities to veterans, for their service, in order to give meaning and purpose to their sacrifices; rapprochement with tribal elders, which, in turn, helps to re-establish a commitment to their respective cultures; and status in the community and prestige given as recognition of wartime service (Holm, 1986). The powwow offers a time for the community to acknowledge and honor the veteran in a joint endeavor, and promotes the incorporation of a national American military identity, a Native veteran identity, as well as providing a time to celebrate and honor cultural customs unique to the various tribal groups to which the participants belong.

#### **Observation #4: Inipi Sweat Lodge Ceremony**



*Figure 12: The base structure of the Inipi Lodge (American Lake VA Sweet Lodge, 2016)*

**Background.** The sweat lodge purification ritual is an American Indian ceremony regarded as a sacred event in which “spiritual insights, personal growth, and physical and emotional healing may take place” (Wilson, 1989, p. 44). The Inipi Sweat Lodge Ceremony in Lakewood, Washington is a ceremonial gathering designed to seek purpose, meaning, and truth,

and is offered by the American Lake VA and the Veteran's Sweat Lodge Elder Council (American Lake VA Sweat Lodge, 2016). I participated in the mixed-gender Inipi in May of 2016. In contrast to individualized Western perspectives of transformative care, many American Indian traditions, such as the sweat lodge, incorporate social support as a critical component of healing rituals (Garrett et al., 2011; Garrett & Carroll, 2000). Performed with care and humility by local Elders, the American Lake Inipi Ceremony (Sweat Lodge) has been offering these traditions for decades to men and women of all backgrounds. The Veteran's Sweat Lodge Elder Council states that it is their intent to provide a sacred and safe place for the healing of veterans while also maintaining the "integrity and traditions of the Indian peoples" (American Lake VA Sweat Lodge, 2016).

**The Inipi structure.** The American Lake VA Inipi is held on a quiet piece of land next to the lake, inside the green, expansive VA grounds. The ceremonial area is enclosed by a chain link fence, and anyone entering the sacred grounds must first be "smudged" or purified by one of the Elders, with the smoke of burning sage and cedar. Inipi ceremonies begin early in the day, even when the actual Lodge doesn't begin until the afternoon or evening. Elders arrive early to make the fire, carefully choose the stones for the ceremony, and say prayers over the sacred grounds. Participants are encouraged to fast the day of the ceremony, to come well-hydrated, and to avoid alcohol several days prior to joining the Sweat.

The physical structure of the Sweat Lodge itself is a dome-shaped tent made from pliable and strong boughs and covered in carpeting and canvases to keep the heat in the Lodge as well as to protect from the elements. There is one entrance into the Lodge, covered with a large flap of fabric that is raised and lowered throughout the ceremony. Typically, the entrance to the Lodge is small and low to provide the humbling experience of crawling into the Lodge. The Veteran's

Lake Inipi structure, however, was a bit larger to accommodate the accessibility of wheelchairs to make the ceremony available to all.

Once it is time for the ceremony to begin, participants enter lowly into the lodge and sit down on the floor, cross-legged, in a tightly packed circle around a small pit dug into the ground in the center of the lodge. The Elder who is “pouring” (thereby performing) the ceremony sits at the very back of the dome, opposite the door opening. At this location, the Pourer has a line-of-sight to the door (and can call for it to be opened when necessary), to the sacred altar outside of the Lodge, and to the fire behind the altar where the ceremonial stones are heated. When the Pourer is ready to begin, the Elder tending the fire is asked to bring in a certain number of stones. Using deer antlers, the Fire Tender will carry the stones into the pit dug in the center of the Lodge. Once the desired number of stones has been brought into the Lodge from the fire, the door is closed and the Pourer will begin the ceremony.

The Inipi length varies for each individual ceremony, but it will typically last for several hours. Prayers are often sung in native languages and storytelling occurs throughout. Participants are also given the opportunity to speak within the ceremony, to share their own personal journey and what they hope to discover about themselves while in the Sweat. The ceremony occurs in four phases, with stones brought in from the fire at the beginning of each phase. Drinking water may also be brought into the Lodge in between phases, but generally participants stay within the dome for the duration of the ceremony. Throughout the Inipi, the Pourer will pour water onto the stones, creating steam and heat within the Lodge. While doing so, the Pourer will also impart wisdom and share knowledge with participants, in addition to placing various “medicines” onto the heated stones to release the aromas and benefits of roots and herbs within the Lodge. During



this particular Inipi ceremony lavender, bear root, sage, sweet grass, and cedar were used as medicine throughout our time in the Lodge.

The length of time of each phase varied, but when the final phase was completed, participants were encouraged to end the ceremony by crawling back out through the door and to join the Elders and the rest of the group at a meal provided by the Elders Council to break the day's fast. Participants also took the opportunity to towel off and change into dry clothing, or into their own clothing, as many of the women present had borrowed traditional skirts to wear into the Lodge. The entire day was offered to participants without charge, and there was a small box for donations attached to the side of the changing room shed.

**Participant observations.** I observed throughout the Sweat that the Elder leading the Ceremony was conducting the ritual with the health and safety of participants as priority, while also maintaining the integrity and traditions of the American Indian people. Participants were instructed to pay attention to their bodies and exit the Lodge if they felt that the heat was too intense. As with all interactions within the Lodge, this was communicated with acceptance and without judgement.

One aspect of the Lodge that I observed as particularly noteworthy was the use of imagery throughout the Ceremony. Through discussions with the leaders, who offered their time before and after the Ceremony to answer questions related to my research, I learned that there was a purpose and meaning behind even the simplest of activities in this ritual. I observed that for local Native communities, moving clockwise was significant for looking towards the future, and moving counterclockwise was significant for looking towards the past. People moved their bodies and objects were passed in such a way so that the significance of these movements were included in the ceremony.

Additionally, the entire Sweat Lodge was structured in such a way that the therapeutic process, as well as the imagery, was focused on healing and purification. The darkness and heat inside of the dome-like Lodge calls on the imagery of the womb. Participants were able to work towards emotional and physical purification through their personal journey inward and the consistent release of impurities in the physical body through the sweat glands. When the ceremony was over and the participants exited the thick, damp heat of the Lodge through the small opening in the dome, it was like a rebirth into the world. Admittedly, I was nervous about whether or not I would be able to withstand the heat of the entire Lodge prior to arriving at the ceremonial grounds in Washington State. I quickly found, however, that the experiences were simultaneously calming and exhilarating. The Elders emphasized the safety of participants throughout the ceremony, as well as translated the personal respect and reverence that they felt towards the ritual itself.

There are few moments in my life that I can compare to the experience of feeling so singularly alone and collectively carried and supported as I did in the Sweat Lodge. I particularly remember watching the quick and brilliant sparkle of the medicinal herbs as they were placed over the warm stones, flickering as they burnt. The dull red glow of the heated stones in a cocoon of black heat, while ancient traditions and prayers were spoken over the participants, is a memory etched within me that I recall with fondness. Nearly all of the participants were current or former service members, although some had brought civilian friends or family members with them for support. Many of the veterans shared short stories about experiences or memories that they were seeking healing from, while others silently participated in the journey. Having the opportunity to experience the ritual firsthand was a valuable opportunity, and I was able to understand a little more clearly why such ancient traditions have had positive impacts on treating

symptoms of PTSD, depression, and the like in veterans that may have been unresponsive to mainstream techniques, or in collaboration with other methods of treatment.

**Discussion.** Of all the traditional and non-mainstream healing techniques discussed in this chapter, the individual therapeutic benefits of the sweat lodge, specifically, have been explored by several scholars within the research literature (Garrett et al., 2011; Garrett & Carroll, 2000; Holm, 1986; Silver & Wilson, 1988; Wilson, 1989). Although the sweat lodge ritual contains aspects of mainstream therapeutic methods, the deep cultural meaning and generational significance offer further implications as to why such ceremonies may serve as a form of treatment for trauma-induced symptomology. Past research has shown that the sweat lodge purification ritual can have positive effects on depression, concentration, stigmatization, anger, hyperarousal, intrusive imagery, intimacy, isolation, and emotional avoidance in both native and non-native veterans (Wilson, 1989). As opposed to mainstream, evidence-based therapies such as Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, and other individual therapies commonly accepted as having positive effects on trauma symptomology, participation in the Sweat Lodge does not require the participant to delve into their past trauma or present struggles if they do not want to; in fact, a participant need not even talk at all to be fully involved in the ceremony.

Indeed, in further contrast with popular treatment modalities, the Inipi Ceremony intentionally involves social and communal aspects as a key characteristic of the ritual. As with the themes of therapeutic benefits previously discussed, and likely catalyst to positive identity formation, the Sweat Lodge shares many of the characteristics already discussed with the Pow Wow, Stand Down event, and Healing Journey. Such themes relevant to this particular ceremony include community support that allows for the experience of grief to become empowering

(Native American Development Corporation, 1990); a new outlook on life that lessens the emotional impact of combat stress (Silver & Wilson, 1988); a sense of unified connectedness with time, space, and group identity (1988); rapprochement with tribal elders, which, in turn, helps to re-establish a commitment to their respective cultures (Holm, 1984); and status in the community and prestige given as recognition of wartime service (Holm, 1986).

### **Conclusion**

A common thread that runs throughout each of these rituals, ceremonies, and events is the socially supportive nature of their foundations. Important themes identified within these participant observations are: the community support that allows for a new outlook on life that lessens the emotional impact of combat stress (Silver & Wilson, 1988); a sense of unified connectedness with time, space, and group identity (1988); and status within the community (Holm, 1986). As discussed in Chapter 2, these benefits may be seen cross-culturally, as findings have suggested that healing for survivors of trauma, and even for their children, may be achieved through efforts to “recapture meaning, purpose, identity, connectedness of past, present and future, and attachments to community and place” (Danieli et al., 2016, p. 639).

With current research focused on building the resiliency of service members, it is of little surprise that there is evidence that one of the key situational factors of resilience is social support (Britt & Oliver, 2013; Burnell et al., 2010; Hawkins, McGuire, Britt, & Linder, 2015; Jex, Kain, and Park, 2013). Given such benefits, it may seem surprising that these techniques remain largely elusive to the general veteran population, or that there continues to be resistance to methods of practice that do not fit into the current techniques of mainstream treatment for persons returning from combat or war.

Indeed, although there are many benefits to these non-mainstream paths to healing, as discussed in this chapter, there continues to be limited access to forms of treatment outside of the traditional psychotherapy models. As will be shown in the current research project, there is evidence to support the theory that a more secure social identity correlates with greater psychological health. Despite this relationship, however, the majority of conventional treatments for trauma continue to isolate the individual seeking treatment (an exception to this is seen in group therapy treatment methods, as discussed in Observation #2, which have been associated with improvements in some mental health symptoms for appropriate veterans) (Shea et al., 2009).

One major issue attributing to this lack of access, as identified by Glynn and associates, is that third-party pay systems often do not reimburse for non-mainstream sources of treatment (2009). As a consequence, alternative effective treatments are not likely to be widely practiced, leaving a person seeking care either restricted to psychotherapy or psychopharmacology, or being forced to pay out-of-pocket to participate in a limited number of retreats, Stand Downs, ceremonies, etc. How these findings relate to the present data, and what implications are generated for future research and policy, will be discussed further in the following chapters.

## Chapter 5

### Quantitative Findings: Numerically Exploring Well-being & Identity

#### Introduction

As stated in previous chapters, in this study I examine the relationship between social identity and emotional well-being for United States service members. This chapter is organized into three main sections. Within the first section I describe the data analyses in greater detail and discuss various statistics associated with each variable. I then test the main hypotheses of this study and further explore relevant findings for each hypothesis in the second and third sections. Where appropriate, the primary methods of analyses were linear regression models, ANOVAs, and Pearson Correlations.

#### Demographics

Following ten months of data collection, I closed the survey portion of this research with 184 participants having attempted the measures. Of those participants, I excluded 29 due to insufficient data. As participants were not required to complete every question, response rates for each measure ranged from 102 to 155 participants. Eighty-four percent of respondents were male and 16% were female. Forty-five percent of participants reported that they were officers, while 55% identified themselves as enlisted personnel. Ranges of years in service included one to 42 years, with the mean time in service as 14.05 years. Some participants reported current military service, while others had ended their service as recently as 2016 and as distantly as 1956.

Eighty-three percent of participants had been deployed during their time in service, with an average of 2.58 deployments, while 17% had not been deployed. Participants reported being deployed across the entire globe, in regions such as Africa, Asia, Central and South America, Europe and the Middle East. Specific deployment locations described by participants also

reflected the various conflicts that the United States has been involved in throughout the years, including Afghanistan, Bosnia, Iraq, Korea, Kuwait and Vietnam. The reported dates of returning home from their most recent deployment spanned from 1952 to 2015. Table 2 describes further demographic data. Additionally, it is important to note that within the demographic categories depicted in Table 2, participants were given the option of selecting more than one identifier.

Table 2

*Demographic Descriptors and Percentages*

Description	N	Percentage
<b>Branch of Service</b>		
Air Force	24	18.75%
Army	47	36.72%
Coast Guard	<5	0.78%
Marine Corps	29	22.66%
Navy	22	17.19%
Other	5	3.91%
<b>Duty Status</b>		
Active	85	48.85%
National Guard	23	13.22%
Reserve	27	15.52%
Retired/Inactive	37	21.26%
Other	<5	1.15%
<b>Employment Status</b>		
Disability Compensation	13	7.94%
Employed Full-Time	43	34.13%
Employed Part-Time	5	3.97%
Retired	49	38.89%
Underemployed	<5	2.38%
Unemployed	<5	3.17%

*Note.* Demographic category headings are in boldface.

Table 2 (continued)

*Demographic Descriptors and Percentages*

Description	N	Percentage
<b>Employment Status (continued)</b>		
Other	10	7.94%
<b>Ethnicity</b>		
Asian/Pacific Islander	<5	1.75%
Black/African American	10	8.77%
Hispanic/Latino	5	4.39%
Native American/American Indian	<5	0.88%
White/Caucasian	90	78.95%
Other	6	5.26%

*Note.* Demographic category headings are in boldface.

**Data Analysis**

As mentioned in the methodology chapter, the research question guiding this investigation is comprised of the two main variables of well-being (the dependent variable) and social identity (the independent variable). I measured each variable using primary and secondary scales, and each individual scale was composed of various, unique dimensions. The primary scale to measure psychological well-being was the medium, 54-item Ryff Scale of Psychological Well-being (Ryff, 1989), and I administered the 12-item Optum SF-12v2 Health Survey (Ware, Kosinski, Turner-Bowker, & Gandek, 2007) as the secondary well-being scale to measure overall health. The primary scale to measure self-reported social identity within the participant's social groups in general was the 16-item Collective Self-Esteem Scale (Luhtanen & Crocker, 1992). I also administered the 18-item Transgression-Related Interpersonal Motivations Inventory (TRIM-18) as a secondary social identity scale to measure avoidance, revenge-



seeking, and good will intentions towards the perceived “enemy” during each service members’ respective times in military service (McCullough, Root, & Cohen, 2006).

### Well-being Measures

**Psychological well-being.** The 54-item Ryff Scale of Psychological Well-being is constructed of six distinct dimensions of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff, 1989). Figure 13 further describes the dimensions of this scale.

<i>Autonomy</i>	
High scorer	Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards
Low scorer	Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways
<i>Environmental mastery</i>	
High scorer	Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values
Low scorer	Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world
<i>Personal growth</i>	
High scorer	Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self-knowledge and effectiveness
Low scorer	Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors
<i>Positive relations with others</i>	
High scorer	Has warm, satisfying, trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affection and intimacy; understands give and take of human relationships
Low scorer	Has few close, trusting relationships with others; finds it difficult to be warm, open, concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others
<i>Purpose in life</i>	
High scorer	Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living
Low scorer	Lacks a sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose in past life; has no outlooks or beliefs that give life meaning
<i>Self-acceptance</i>	
High scorer	Possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life
Low scorer	Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is

Figure 13: Definitions of Theory-guided Dimensions of Well-being (Ryff, 2014)

Prior to conducting analyses, I reverse-coded questions requiring negative scoring in SPSS, and then created variables representing each of the six dimensions by using the reverse-coded items. The reverse-coded items include items 4, 6, 10, and 11 of the complete autonomy

scale; items 2, 3, 5, and 13 of the complete environmental mastery scale; items 1, 4, 6, 10, 13, and 14 of the complete personal growth scale; items 2, 3, 6, 8, and 10 of the complete positive relations with others scale; items 2, 3, 5, 6, 7, and 11 of the complete purpose in life scale; and items 3, 7, and 10 of the complete self-acceptance scale. High and low scorers were identified as the top and bottom 25% of the population sample. I created a separate, categorical variable to identify the highest and lowest quartile for later comparison. Table 13 in the appendices details the overall scoring from the psychological well-being scale.

***Cronbach's alpha and Pearson correlations.*** I analyzed the internal consistency of the psychological well-being scale using Cronbach's alpha. The Cronbach's alpha for the entire scale is 0.966, the personal growth dimension is 0.796, the positive relations with others dimension is 0.896, the environmental mastery dimension is 0.900, the purpose in life dimension is 0.867, the self-acceptance dimension is 0.906, and the autonomy dimension is 0.765. For an initial snapshot of any potential relationship between psychological well-being and the additional main variables, I determined the Pearson Correlations for the entire scale and the six well-being categories. The entire scale and the six well-being sub-scales were significantly correlated at the 0.05 level or the 0.01 level with nearly all of the additional main variables, although I did not find a significant correlation for three of the items. Specifically, I did not find a significant relationship between the Autonomy sub-scale and TRIM Benevolence Motivations, the Autonomy sub-scale and the Optum SF Physical Component Summary score, or the Positive Relations with Others sub-scale and the SF Physical Component Summary score. Table 3 details the findings of the most significant correlations of each dimension. What I found particularly interesting about these findings is that the overall scale, as well as the six sub-scales, are most significantly correlated with similar variables. This analysis very preliminarily confirms a

relationship between social identity and psychological well-being, as well as highlights a significant relationship between mental health and all six of the well-being sub-scales.

Table 3

*Most Significant Pearson Correlations for Psychological Well-being*

Scale Item		SF Mental Health	CSE MSE	SF MCS	CSE PCSE
Psychological Well-being	Pearson Correlation	.889**	.665**	.780**	.555**
	Sig. (2-tailed)	.000	.000	.000	.000
Autonomy	Pearson Correlation	.477**	.499**	.487**	.522**
	Sig. (2-tailed)	.000	.000	.000	.000
Environmental Mastery	Pearson Correlation	.818**	.609**	.834**	.456**
	Sig. (2-tailed)	.000	.000	.000	.000
Personal Growth	Pearson Correlation	.512**	.570**	.457**	.442**
	Sig. (2-tailed)	.000	.000	.000	.000
Positive Relations with Others	Pearson Correlation	.799**	.531**	.766**	.443**
	Sig. (2-tailed)	.000	.000	.000	.000

*Note:* SF = Optum SF Health Survey; CSE = Collective Self-Esteem; MSE = Membership Self-Esteem; MCS = Mental Component Summary; PCSE = Public Collective Self-Esteem.

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 3 (continued)

*Most Significant Pearson Correlations for Psychological Well-being*

Scale Item		SF Mental Health	CSE MSE	SF MCS	CSE PCSE
Purpose in Life	Pearson Correlation	.691**	.680**	.661**	.561**
	Sig. (2-tailed)	.000	.000	.000	.000
Self-Acceptance	Pearson Correlation	.730**	.603**	.718**	.461**
	Sig. (2-tailed)	.000	.000	.000	.000

*Note:* SF = Optum SF Health Survey; CSE = Collective Self-Esteem; MSE = Membership Self-Esteem; MCS = Mental Component Summary; PCSE = Public Collective Self-Esteem.

\*\* Correlation is significant at the 0.01 level (2-tailed).

**General health.** The 12-item Optum SF-12v2 Health Survey measures eight health domains and provides scores for each domain, as well as an overall health index, and a psychometrically-based physical component summary and a mental component summary (Optum, Inc., 2014). The eight health domains include physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, and mental health. The physical component summary signifies the degree of physical limitations in self-care, disabilities, decrements in well-being, and self-reported health; the mental component summary indicates the level of positive affect, psychological distress, and limitations due to emotional problems; the physical functioning domain measures the performance of physical activities; the role-physical domain measures the degree to which a person's physical health limits his or her typical role activities; the bodily pain domain indicates the intensity, duration, and frequency of bodily pain; the general health domain measures self-evaluated health; the vitality domain measures levels of energy and fatigue; the social functioning domain measures the presence or

absence of social relationships; the role-emotional domain measures the degree to which a person's emotional health limits his or her typical role activities; and the mental health domain measures a person's emotional and cognitive status (Ware and Kosinski, 2001).

Initial scoring of this measure was conducted utilizing Optum Insight Life Sciences scoring software, which was provided with permission by Optum, Inc. As recommended by Optum QualityMetric, I utilized analysis consisting of norm-based scoring to provide for a more meaningful scale (as opposed to broad 0-100 scores) for evaluation against general population norms (Ware and Kosinski, 2001). Optum's norm-based scoring feature calibrates scores so that the average score, or norm, is 50. This type of scoring allows comparison across Optum's three different survey systems, and can thus provide comparison against population norms (Optum, Inc., 2017). High and low scorers formed the top and bottom 25% of the population sample, respectively. I also created a separate, categorical variable to identify the highest and lowest quartile for later comparison. Due to the license for use agreement associated with this scale, individual scoring outcomes are not available in the appendices for this measure.

***Cronbach's alpha and Pearson correlations.*** I did not use Cronbach's alpha to analyze internal consistency for the 12-item Optum SF-12v2 Health Survey as initial scoring reports were conducted with scoring software made available by Optum. Ease of replicability still exists, however, as Optum provides licenses for use which include access to their scoring software. After scoring the SF-12v2 Health Survey responses in the Optum Scoring Software, I then entered the scores for each participant into SPSS for comparison between survey measures. The license for use agreement for this research prevents the availability of the weight and value of each item within the scale. For an initial, brief snapshot of any potential relationship between overall health and the additional main variables, I determined the Pearson Correlations for the

eight health domains and the three additional summary scores. Table 4 details the findings of the most significant correlations of each domain.

As indicated in Table 4, overall health and its corresponding indicators were most significantly correlated with psychological well-being, as well as the purpose in life, personal growth, and environmental mastery subscales. The entire scale and the eight health domains were significantly correlated at the 0.05 level or 0.01 level with nearly all of the additional main variables, although I did not find a significant correlation for a few items. For example, the physical component summary, physical functioning, role-physical, and general health domains were not correlated with overall transgression-related interpersonal motivations, or with feelings of avoidance or benevolence towards a perceived enemy. The role-physical and general health domains were significantly correlated with revenge motivations, however.

Additionally, (and surprisingly, given the results of the four physical domains previously mentioned) bodily pain was significantly correlated with each of the additional main variables, including transgression-related interpersonal motivations. A possible explanation for this finding is that chronic pain is a risk factor for negative emotional well-being outcomes such as depression and anxiety, and is associated with diagnoses prevalent among the veteran population, such as PTSD and traumatic brain injury (TBI) (Phillips et al., 2016). Due to the relationship between bodily pain and well-being, and its correlation with all of the social identity measures, I subsequently infer that this finding supports my hypothesis that a more secure social identity impacts well-being.

Table 4

*Most Significant Pearson Correlations for Overall Health*

Scale Item		Psychological Well-being	PW Purpose in Life	PW Personal Growth	PW E. Mastery
Overall Health Index	Pearson Correlation	.735**	.659**	.537**	.733**
	Sig. (2-tailed)	.000	.000	.000	.000
Physical Component Summary	Pearson Correlation	.277**	.297**	.354**	.216*
	Sig. (2-tailed)	.005	.002	.000	.027
Physical Functioning	Pearson Correlation	.389**	.365**	.451**	.324**
	Sig. (2-tailed)	.000	.000	.000	.001
Role-Physical	Pearson Correlation	.509**	.506**	.415**	.495**
	Sig. (2-tailed)	.000	.000	.000	.000
Bodily Pain	Pearson Correlation	.468**	.446**	.408**	.454**
	Sig. (2-tailed)	.000	.000	.000	.000
General Health	Pearson Correlation	.474**	.475**	.365**	.561**
	Sig. (2-tailed)	.000	.000	.000	.000
Mental Component Summary	Pearson Correlation	.780**	.661**	.457**	.834**
	Sig. (2-tailed)	.000	.000	.000	.000
Vitality	Pearson Correlation	.620**	.547**	.433**	.465**
	Sig. (2-tailed)	.000	.000	.000	.000
Social Functioning	Pearson Correlation	.730**	.639**	.546**	.741**
	Sig. (2-tailed)	.000	.000	.000	.000

*Note:* PW = Ryff Scales of Psychological Well-being; E. Mastery = Environmental Mastery

\* Correlation is significant at the 0.05 level (2-tailed)

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 4 (continued)

*Most Significant Pearson Correlations for Overall Health*

Scale Item		Psychological Well-being	PW Purpose in Life	PW Personal Growth	PW E. Mastery
Role-Emotional	Pearson Correlation	.694**	.593**	.442**	.745**
	Sig. (2-tailed)	.000	.000	.000	.000
Mental Health	Pearson Correlation	.794**	.691**	.512**	.818**
	Sig. (2-tailed)	.000	.000	.000	.000

*Note:* PW = Ryff Scales of Psychological Well-being; E. Mastery = Environmental Mastery

\* Correlation is significant at the 0.05 level (2-tailed)

\*\* Correlation is significant at the 0.01 level (2-tailed).

### Social Identity Measures

**Collective self-esteem.** The 16-item Collective Self-Esteem Scale is constructed of the four subscales of membership self-esteem, private collective self-esteem, public collective self-esteem, and importance to identity (Luhtanen & Crocker, 1992). Prior to conducting analyses, I reverse-coded questions requiring negative scoring in SPSS, and then used the reverse-coded items to create variables representing each of the four subscales. The reverse-coded items included items 2, 4, 5, 7, 10, 12, 13, and 15. High and low scorers were the top and bottom 25% of the population sample, respectively. I created a separate, categorical variable to identify the highest and lowest quartile for later comparison. Table 14 in the appendices details the overall scoring from the Collective Self-Esteem Scale.

**Cronbach's alpha and Pearson correlations.** I analyzed the internal consistency of the Collective Self-Esteem Scale using Cronbach's alpha. The Cronbach's alpha for the entire scale is 0.851, the membership self-esteem sub-scale is 0.733, the private collective self-esteem sub-scale is 0.761, the public collective self-esteem sub-scale is 0.704, and the importance to identity



sub-scale is 0.669. Due to the lowered internal consistency of the importance to identity sub-scale, I did not use it as a distinct sub-scale variable within analyses because of the lack of reliability. For an initial, brief snapshot of any potential relationship between collective self-esteem and the additional main variables, I determined the Pearson Correlations for the entire scale and the four sub-scales. Table 5 details the findings of the most significant correlations of the 16-item scale as well as each sub-scale.

As indicated in Table 5, collective self-esteem and the three analyzed sub-scales were most significantly correlated with psychological well-being and purpose in life, similar to the findings for the indicators of overall health. The entire scale and the three sub-scales were significantly correlated at the 0.05 level or 0.01 level with nearly all of the additional main variables, although I did not find a significant correlation for a few items. For example, I did not find a significant correlation between any of the collective self-esteem measures and overall transgression-related interpersonal motivations, or with feelings of avoidance or benevolence towards a perceived enemy. However, although I did not find a relationship between retaliatory feelings of revenge towards a perceived enemy and membership self-esteem, I did find revenge to be significantly correlated with overall collective self-esteem, private collective self-esteem, and public collective self-esteem. These findings indicate that feelings of revenge towards a perceived enemy are a better indicator of collective self-esteem and thus emotional well-being.

Table 5

*Most Significant Pearson Correlations for Collective Self-Esteem*

Scale Item		Psychological Well-being	PW Purpose in Life
Collective Self-Esteem	Pearson Correlation	.631**	.634**
	Sig. (2-tailed)	.000	.000
Membership Self-Esteem	Pearson Correlation	.665**	.680**
	Sig. (2-tailed)	.000	.000
Private Collective Self-Esteem	Pearson Correlation	.610**	.583**
	Sig. (2-tailed)	.000	.000
Public Collective Self-Esteem	Pearson Correlation	.555**	.561**
	Sig. (2-tailed)	.000	.000

*Note:* PW = Ryff Scales of Psychological Well-being.

\*\* Correlation is significant at the 0.01 level (2-tailed).

**Revenge and benevolence motivations.** The 18-item Transgression-Related Interpersonal Motivations Inventory (TRIM-18) is constructed of the three distinct sub-scales of avoidance motivations, revenge motivations, and benevolence motivations (McCullough, Root, & Cohen, 2006). Prior to conducting analyses, I reverse-coded questions requiring negative scoring in SPSS, and then created variables representing each of the three sub-scales by using the reverse-coded items. The reverse-coded items include items 3, 6, 8, 12, 14, and 16 of the benevolence motivations sub-scale. The reverse-coded items were only used within the full TRIM-18 scale, while analyses involving the sub-scale included all items as positively scored.

High and low scorers were the top and bottom 25% of the sample, respectively. I also created a separate, categorical variable to identify the highest and lowest quartile for later comparison.

Table 15 in the appendices details the overall scoring from the Transgression-Related Interpersonal Motivations Inventory.

*Cronbach's alpha and Pearson correlations.* I analyzed the internal consistency of the TRIM-18 using Cronbach's alpha. The Cronbach's alpha for the entire scale is 0.947, the avoidance motivations sub-scale is 0.910, the revenge motivations sub-scale is 0.902, and the benevolence motivations sub-scale is 0.885. For an initial, brief snapshot of any potential relationship between transgression-related interpersonal motivations and the additional main variables, I determined Pearson Correlations for the entire scale and the three sub-scales. As discussed in prior sections, I did not find significant correlations between many of the additional main variables and the TRIM scale and sub-scales. For example, I did not find a significant correlation between the four scale items and membership collective self-esteem or physical functioning. Additionally, I did not find a significant relationship between benevolence and avoidance motivations and public collective self-esteem, private collective self-esteem, general health, role physical, or the physical component summary scores. In fact, the absence or presence of significant relationships between the additional main variables and benevolence and avoidance motivations often mirrored each other. I infer from these findings that benevolence and avoidance motivations are predictors of similar social and well-being outcomes, and that the more open a person feels towards a perceived enemy, the greater their feelings of benevolence. All additional relationships were significantly correlated at the 0.05 level or 0.01 level, with psychological well-being, positive relations with others, and bodily pain as the most significant relationships. Table 6 details these findings.

Table 6

*Most Significant Pearson Correlations for Transgression-Related Interpersonal Motivations*

Scale Item		Psychological Well-being	PW Positive RWO	SF Bodily Pain
TRIM	Pearson Correlation	-.439**	-.488**	-.342**
	Sig. (2-tailed)	.000	.000	.000
Benevolence Motivations	Pearson Correlation	.307**	.391**	.369**
	Sig. (2-tailed)	.002	.000	.000
Avoidance Motivations	Pearson Correlation	-.359**	-.375**	-.251**
	Sig. (2-tailed)	.000	.000	.009
Revenge Motivations	Pearson Correlation	-.472**	-.498	-.254**
	Sig. (2-tailed)	.000	.000	.010

*Note:* TRIM = Transgression-Related Interpersonal Motivations; PW = Ryff Scales of Psychological Well-being; RWO = Relations with Others; SF = Optum SF Health Survey

\*\* Correlation is significant at the 0.01 level (2-tailed).

### Hypotheses Testing

As mentioned in the Methodology Chapter, I derived this research from two main questions:

- *How does social identity impact the emotional well-being of military service members when transitioning into civilian roles following deployment(s) and/or end of military service?*

- With a sub-question of: *How does participation in formalized or ad hoc community reintegration “rituals” influence the service member’s felt sense of return?*

Following the research questions, the hypotheses that guided data analyses were:

- *Hypothesis 1:* Individuals who have more integrated, less competing civilian and military identities (as measured by collective self-esteem and out-group motivations) will demonstrate higher instances of well-being (as measured by emotional well-being and social well-being).
- *Hypothesis 2:* Individuals who have participated in a societal or communal ceremony, ritual, or event, which is held specifically for reintegration purposes, will demonstrate a more secure social identity (as measured by collective self-esteem and out-group motivations).

The following subsections will discuss these hypotheses through linear regression models and ANOVA analyses.

### **Hypothesis One**

H<sub>1</sub>: Individuals who have more integrated, less competing civilian and military identities will demonstrate higher instances of psychosocial well-being.

**Self-defined identity.** As discussed in earlier sections of this chapter, within this research I used two standardized scales to measure well-being, and two standardized scales to measure social identity. I also used a third, self-reported identity measure to measure social identity. As discussed in Chapter 3, participants were asked within the survey to respond to the following statement: “As individuals in society we all belong to a variety of groups, e.g., social (club, family, friendship), religious, ethnic, academic, occupational, geographic, ideological, etc. Please

identify five groups that you most strongly identify with and that affect how you see yourself as a person” (Franke, 2000, p. 179).

During analysis, I created a new variable to code for these self-reported identities, separating participants into two distinct categories. The first group included those participants who listed *both* military-related identities (for example: soldier, military occupation, veteran, American Legion member, etc.) and civilian-related identities (for example: civilian employment, family, faith, geographic location, etc.). The second group included those participants who listed *only* military-related identities or civilian-related identities when responding to the question. Unfortunately, because so few participants listed *only* military identities ( $n < 5$ ), I was not able to compare civilian-related identities and military-related identities separately. The sample size per group varied across each survey scale, with  $n = 37$  to  $44$  participants for those who reported *only* civilian-related or military-related identities, and  $n = 52$  to  $59$  participants for those who reported *both* civilian-related and military-related identities.

Because the subsequent groups created a new categorical variable, I performed a one-way ANOVA to measure the relationship between groups across the four social identity and well-being measures. In contrast to the hypothesis, I did not find a main effect between the psychological well-being ( $F(1, 87) = 0.385, p = .536, \eta_p^2 = .004$ ) or general well-being ( $F(1, 100) = 0.065, p = .80, \eta_p^2 = .001$ ) of participants who incorporated both civilian and military roles into their identity as opposed to participants who did not. I also did not find a main effect between the groups and the social identity measures. Additionally, there was not a significant effect for collective self-esteem ( $F(1, 100) = 0.004, p = .951, \eta_p^2 = .00$ ) or transgression-related interpersonal motivations ( $F(1, 89) = 0.001, p = .98, \eta_p^2 = .00$ ). Means and standard deviations between the two groups are provided in Table 7.

Table 7

*Self-Reported Identity Means & Standard Deviations*

Self-Reported Identity	Mean & SD	CSE	PW	SF	TRIM
Only Civilian OR Military Identities	Mean	90.67	256.95	0.74	47.62
	N	43	37	44	37
	Std. Deviation	9.59	41.92	0.13	13.96
Both Civilian AND Military Identities	Mean	90.54	262.40	0.75	47.70
	N	59	52	58	54
	Std. Deviation	11.30	40.15	0.14	16.65
Total	Mean	90.60	260.13	0.74	47.67
	N	102	89	102	91
	Std. Deviation	10.56	40.75	0.13	15.53

*Note:* SD = Standard Deviation; CSE = Collective Self-Esteem; PW = Ryff Scales of Psychological Well-being; SF = Optum SF Health Survey; TRIM = Transgression-Related Interpersonal Motivations

**Social identity and psychosocial well-being.** To further explore the relationship between identity and well-being, I performed a multiple regression analysis using psychological well-being as the dependent variable and collective self-esteem and transgression-related interpersonal motivations as the independent variables. The results of the regression indicate that the two predictors explain 52% of the variance ( $R^2 = .532$ ,  $F(2, 91) = 51.807$ ,  $p < .000$ ). I found that collective self-esteem significantly predicts psychological well-being ( $\beta = 2.29$ ,  $p < .000$ ), as does transgression-related interpersonal motivations ( $\beta = 1.01$ ,  $p < .000$ ). To obtain a broader understanding of this relationship, I again performed a multiple regression analysis to test the relationship between the variable sub-scales and psychological well-being. Table 8 presents the results of this analysis.

Table 8

*Multiple Regression Analysis of Predictors of Psychological Well-being*

Predictor	Coefficient	Std. Error	t-ratio	p-value
<b>SF Physical &amp; Mental Health</b>				
SF Mental Health	1.985	0.588	3.376	0.001**
SF Role Emotional	1.003	0.439	2.285	0.025*
SF Social Functioning	0.965	0.499	1.933	0.057
SF Vitality	0.368	0.45	0.817	0.417
SF General Health	-0.747	0.518	-1.442	0.154
SF Bodily Pain	-0.835	0.526	-1.589	0.117
SF Role Physical	-1.282	0.663	-1.934	0.057
<b>TR Interpersonal Motivations</b>				
Avoidance Motivations	-0.286	0.566	-0.505	0.615
Revenge Motivations	-0.68	0.745	-0.912	0.365
Benevolence Motivations	0.301	0.791	0.381	0.705
<b>Collective Self-Esteem</b>				
Membership Self-Esteem	3.597	1.121	3.21	0.002**
Private Collective Self-Esteem	-3.262	1.398	-2.333	0.022*
Public Collective Self-Esteem	2.232	1.079	2.068	0.042*

*Note:* All regressions include a constant.  $R^2 = .820$ . Category headings are in boldface. SF = Optum SF Health Survey; TR = Transgression-Related;

\* Correlation is significant at the 0.05 level.

\*\* Correlation is significant at the 0.01 level.

As shown in Table 8, the predictors with the most significant effect upon psychological well-being are SF Mental Health and Membership Self-Esteem, which supports the first hypothesis. To explore any reverse relationships that these two variables may have with the subscales, I performed two additional multiple regression analyses with SF Mental Health and Collective Self-Esteem Membership as the dependent variables. Tables 9 and 10 present the results of these analyses. As viewed in Table 9, the best predictors of mental health are physical functioning, social functioning, bodily pain, emotional mastery, and positive relations with



others. These findings are supported within the literature in that there is a direct relationship between physical, social, and emotional health (Hassanzadeh, Asadi-Lari, Baghbanian, Ghaem, Kassani, & Rezaianzadeh, 2016). Furthermore, that social functioning and positive relations with others are predictors of mental health (an indicator of emotional well-being), provides further support for the hypothesis of a relationship between identity and well-being, although indirectly.

Table 9

*Multiple Regression Analysis of Predictors of Mental Health*

Predictor	Coefficient	Std. Error	t-ratio	p-value
<b>SF Physical &amp; Mental Health</b>				
SF Physical Functioning	-0.262	0.102	-2.58	0.012**
SF Role Emotional	0.138	0.103	1.334	0.187
SF Social Functioning	0.303	0.12	2.518	0.014**
SF Vitality	-0.03	0.114	-0.266	0.791
SF General Health	0.005	0.098	0.056	0.956
SF Bodily Pain	0.182	0.089	2.035	0.046*
SF Role Physical	0.101	0.124	0.813	0.419
<b>TR Interpersonal Motivations</b>				
Avoidance Motivations	-0.055	0.147	-0.375	0.709
Revenge Motivations	-0.08	0.19	-0.423	0.674
Benevolence Motivations	-0.086	0.196	-0.44	0.661
<b>Collective Self-Esteem</b>				
Membership Self-Esteem	-0.111	0.264	-0.419	0.676
Private Collective Self-Esteem	0.357	0.304	1.175	0.244
Public Collective Self-Esteem	0.075	0.264	0.285	0.777
<b>Psychological Well-being</b>				
Self-Acceptance	-0.084	0.122	-0.687	0.494
Purpose in Life	-0.032	0.165	-0.192	0.848
Personal Growth	-0.085	0.144	-0.589	0.558

*Note:* All regressions include a constant.  $R^2 = .846$ . Category headings are in boldface. SF = Optum SF Health Survey; TR = Transgression-Related;

\* Correlation is significant at the 0.05 level.

\*\* Correlation is significant at the 0.01 level.

Table 9 (continued)

*Multiple Regression Analysis of Predictors of Mental Health*

Predictor	Coefficient	Std. Error	t-ratio	p-value
<b>Psychological Well-being (continued)</b>				
Emotional Mastery	0.318	0.158	2.012	0.048*
Autonomy	0.133	0.129	1.034	0.305
Positive Relations with Others	0.361	0.126	2.858	0.006**

*Note:* All regressions include a constant.  $R^2 = .846$ . Category headings are in boldface. SF = Optum SF Health Survey; TR = Transgression-Related;

\* Correlation is significant at the 0.05 level.

\*\* Correlation is significant at the 0.01 level.

Table 10

*Multiple Regression Analysis of Predictors of Collective Self-Esteem Membership*

Predictor	Coefficient	Std. Error	t-ratio	p-value
<b>SF Physical &amp; Mental Health</b>				
SF Physical Functioning	0.051	0.048	1.062	0.292
SF Role Emotional	-0.084	0.047	-1.789	0.078
SF Social Functioning	0.014	0.058	0.25	0.803
SF Vitality	0.048	0.052	0.928	0.357
SF General Health	-0.023	0.045	-0.504	0.616
SF Bodily Pain	0.049	0.042	1.175	0.244
SF Role Physical	-0.059	0.057	-1.031	0.306
SF Mental Health	-0.023	0.056	-0.419	0.676
<b>TR Interpersonal Motivations</b>				
Avoidance Motivations	-0.085	0.067	-1.268	0.209
Revenge Motivations	0.036	0.087	0.413	0.681
Benevolence Motivations	-0.185	0.087	-2.124	0.037*
<b>Collective Self-Esteem</b>				
Private Collective Self-Esteem	0.627	0.118	5.297	0.000**
Public Collective Self-Esteem	-0.145	0.12	-1.21	0.23

*Note:* All regressions include a constant.  $R^2 = .706$ . Category headings are in boldface. SF = Optum SF Health Survey; TR = Transgression-Related;

\* Correlation is significant at the 0.05 level.

\*\* Correlation is significant at the 0.01 level.

Table 10 (continued)

*Multiple Regression Analysis of Predictors of Collective Self-Esteem Membership*

Predictor	Coefficient	Std. Error	t-ratio	p-value
<b>Psychological Well-being</b>				
Self-Acceptance	0.019	0.056	0.339	0.735
Purpose in Life	0.126	0.074	1.7	0.094
Personal Growth	0.046	0.066	0.704	0.484
Emotional Mastery	0.058	0.074	0.774	0.441
Autonomy	0.048	0.059	0.804	0.424
Positive Relations with Others	-0.004	0.061	-0.06	0.952

*Note:* All regressions include a constant.  $R^2 = .706$ . Category headings are in boldface. SF = Optum SF Health Survey; TR = Transgression-Related;

\* Correlation is significant at the 0.05 level.

\*\* Correlation is significant at the 0.01 level.

Additionally, as seen previously in Table 8, the predictor with the least significant effect upon psychological well-being is TRIM Benevolence Motivations. To further explore this outcome, I completed an additional multiple regression analysis with TRIM Benevolence Motivations as the dependent variable. Table 11 presents the results of this analysis. As expected, revenge and avoidance motivations have a significant effect upon benevolence motivations; however, bodily pain and membership self-esteem are also significant predictors. Conversely, I also found benevolence motivations to be a significant predictor of membership self-esteem, as presented in Table 10. This dual finding of the relationship between benevolence motivations and membership self-esteem is particularly intriguing, as implications may be drawn for the field of conflict management in that improving how a person views one's self within his or her social group also impacts how favorably that person views a perceived enemy. Thus, fostering group cohesion and participation may also, subsequently, foster out-group benevolence.

Table 11

*Multiple Regression Analysis of Predictors of Benevolence Motivations*

Predictor	Coefficient	Std. Error	t-ratio	p-value
<b>SF Physical &amp; Mental Health</b>				
SF Physical Functioning	0.035	0.066	0.536	0.594
SF Role Emotional	0.034	0.065	0.527	0.600
SF Social Functioning	-0.066	0.077	-0.856	0.395
SF Vitality	0.124	0.069	1.801	0.076
SF General Health	-0.016	0.06	-0.269	0.789
SF Bodily Pain	0.125	0.055	2.278	0.026*
SF Role Physical	-0.069	0.077	-0.905	0.369
SF Mental Health	-0.033	0.075	-0.44	0.661
<b>TR Interpersonal Motivations</b>				
Avoidance Motivations	-0.451	0.073	-6.205	0.000**
Revenge Motivations	-0.359	0.109	-3.29	0.002*
<b>Collective Self-Esteem</b>				
Membership Self-Esteem	-0.336	0.158	-2.124	0.037*
Private Collective Self-Esteem	0.076	0.189	0.403	0.688
Public Collective Self-Esteem	0.077	0.163	0.474	0.637
<b>Psychological Well-being</b>				
Self-Acceptance	0.092	0.075	1.222	0.226
Purpose in Life	-0.011	0.102	-0.107	0.915
Personal Growth	0.027	0.089	0.309	0.759
Emotional Mastery	-0.135	0.099	-1.367	0.176
Autonomy	-0.096	0.079	-1.215	0.229
Positive Relations with Others	0.097	0.082	1.183	0.241

Note: All regressions include a constant.  $R^2 = .771$ . Category headings are in boldface. SF = Optum SF Health Survey; TR = Transgression-Related

\* Correlation is significant at the 0.05 level.

\*\* Correlation is significant at the 0.01 level.

## Hypothesis Two

H<sub>2</sub>: Individuals who have participated in a societal or communal ceremony, ritual, or event, which is held specifically for reintegration purposes, will demonstrate a more secure transition between civilian and military identities.

**Number of reintegration activities.** Survey participants who had been deployed or who had left military service were asked to indicate the activities that they engaged in to assist with transitioning into “civilian life.” The survey text read: “What activities did you engage in to help you transition home after your return from deployment? (*Please choose all that apply*)” and “If retired/inactive, what activities did you engage in to help you transition out of the military? (*Please choose all that apply*).” Participants were only shown these questions if they answered affirmatively to previous questions on duty status and history of deployment. The activity list included: celebration with family, community event (community BBQ, parade, etc.), group therapy or counseling, individual therapy or counseling, online transition class(es), powwow or sweat lodge ritual, religious event, retreat for service members/veterans, Stand Down event, vacation, Yellow Ribbon event, none, and other.

To analyze reintegration activities using forms of analyses that require continuous variables, I created a new variable for the number of reintegration activities reported by participants for both post-deployment and end of military service. For an initial snapshot of a potential relationship between the number of reintegration activities and identity or well-being, I performed a Pearson Correlation for the main scales and each corresponding sub-scale. These scales include Collective Self-Esteem, Transgression-Related Interpersonal Motivations, Psychological Well-being, and Overall Health. Table 12 details findings of significant correlations with the number of reintegration activities in which service members participated

following the end of military service. I found significant correlations between the number of end-of-service reintegration activities in which a person participated and transgression-related interpersonal motivations, avoidance motivations, revenge motivations, vitality, and role physical. I also found significant correlations between the number of post-deployment activities in which a person participated and purpose in life, personal growth, vitality, general health, and physical functioning. Because directionality is unclear at this level of analysis, it is possible that the healthier a person is (i.e., the greater one's vitality, general health, and physical functioning), the more that person is physically able to participate in reintegration activities. However, it is also possible to infer from these findings that greater participation in reintegration activities positively impacts social and physical health.

Table 12

*Significant Pearson Correlations for Number of Reintegration Activities*

Scale Item		Deployment Activities	End of Service Activities
<b>Transgression-Related</b>	Pearson Correlation	-0.034	-.207*
<b>Interpersonal Motivations</b>	Sig. (2-tailed)	0.733	0.036
Avoidance Motivations	Pearson Correlation	-0.008	-.197*
	Sig. (2-tailed)	0.936	0.04
Revenge Motivations	Pearson Correlation	-0.054	-.216*
	Sig. (2-tailed)	0.586	0.027
<b>Psychological Well-being</b>			
Purpose in Life	Pearson Correlation	.204*	-0.007
	Sig. (2-tailed)	0.034	0.945

*Note:* SF = Optum SF Health Survey. Category headings are in boldface.

\* Correlation is significant at the 0.05 level (2-tailed).

Table 12 (continued)

*Significant Pearson Correlations for Number of Reintegration Activities*

Scale Item		Deployment Activities	End of Service Activities
<b>Psychological Well-being (continued)</b>			
Personal Growth	Pearson Correlation	.225*	0.087
	Sig. (2-tailed)	0.021	0.379
<b>SF Overall Health &amp; Well-being</b>			
Vitality	Pearson Correlation	.190*	-.209*
	Sig. (2-tailed)	0.038	0.022
General Health	Pearson Correlation	.216*	-0.11
	Sig. (2-tailed)	0.018	0.232
Role Physical	Pearson Correlation	0.144	-.199*
	Sig. (2-tailed)	0.113	0.028
Physical Functioning	Pearson Correlation	.238**	0.032
	Sig. (2-tailed)	0.008	0.721

*Note:* SF = Optum SF Health Survey. Category headings are in boldface.

\* Correlation is significant at the 0.05 level (2-tailed).

To further explore the relationship between reintegration activities and social identity and well-being, I used a linear regression analysis. I found that the number of reintegration activities reported by participants is not a significant predictor for psychological well-being, collective self-esteem, or overall health. Likewise, I also found that the number of post-deployment reintegration activities in which a service member participated is not a significant predictor of transgression-related interpersonal motivations; however, I did find end of service reintegration activities to be a significant predictor ( $R^2 = .043$ ,  $F(1, 101) = 4.537$ ,  $p < .036$ ).

**Type of reintegration activities.** In an effort to investigate a possible relationship between the types of reintegration activities and social identity and well-being, I created new variables for each activity type. These variables separated participants into two groups: those who indicated participation in each specific activity and those who did not. Because these groups created categorical variables, I performed a one-way ANOVA to measure the relationship between groups across the four social identity and well-being measures. (It is important to again note that participants were able to indicate involvement in more than one reintegration activity.)

In contrast to the hypothesis, I did not find a main effect between identity and well-being for communal activities such as powwows, sweat lodge rituals, religious events, or retreats. However, I also did not find significant effects for more individualistic reintegration activities such as online transition classes, vacations, or participating in zero activities. I did find a main effect for the psychological well-being of those respondents who participated in individual counseling after ending their time in service ( $F(1, 100) = 5.808, p = .018, \eta_p^2 = .055$ ), with those who attended individual counseling experiencing lowered psychological well-being scores than those who did not. Likewise, those who participated in group counseling following the end of their time in service also experienced lowered psychological well-being ( $F(1, 100) = 6.575, p = .012, \eta_p^2 = .062$ ) as well as lowered collective self-esteem ( $F(1, 137) = 6.141, p = .014, \eta_p^2 = .043$ ). Those participants who attended a Stand Down event following their time in service, however, reported less feelings of revenge and avoidance motivations and greater benevolence motivations towards the perceived enemy during their time in service ( $F(1, 101) = 11.903, p = .001, \eta_p^2 = .105$ ).

Additionally, I also found main effects for respondents who participated in a family celebration and/or a community event following their return from deployment. Participants who



engaged in a post-deployment celebration with their family reported higher psychological well-being ( $F(1, 100) = 4.885, p = .029, \eta_p^2 = .047$ ). Individuals who participated in a post-deployment community event also reported greater psychological well-being ( $F(1, 100) = 4.594, p = .035, \eta_p^2 = .044$ ), as well as higher collective self-esteem ( $F(1, 137) = 5.606, p = .019, \eta_p^2 = .039$ ). Means and standard deviations for each type of reintegration activity are provided in Table 16 in the Appendices.

### **Conclusion**

Following analyses utilizing Pearson's Correlations, multiple regressions, and ANOVAs, I found significant evidence to support  $H_1$ , that individuals who have more integrated, less competing civilian and military identities (as measured by collective self-esteem and out-group motivations) demonstrate higher instances of well-being (as measured by emotional well-being and social well-being). For example, in analyses from the survey measures, I found that significant predictors of a service member or veteran's psychological well-being include collective self-esteem and transgression-related interpersonal motivations. I also found that greater psychological well-being is most highly correlated with higher mental health, higher membership self-esteem, and higher public collective self-esteem. Additionally, the data suggest that significant predictors of a service member or veteran's overall collective self-esteem include higher benevolence motivations towards a perceived enemy, as well as a person's private collective self-esteem.

Although there was some evidence to support  $H_2$ , I did not find enough significant relationships to justify fully rejecting the null hypothesis. I did find, however, that the number of post-deployment reintegration activities a person engaged in correlates with higher instances of purpose in life, personal growth, vitality, general health, and physical functioning. Similarly, the

number of end-of-service reintegration activities a person engaged in negatively correlated with transgression-related interpersonal motivations, avoidance motivations, and revenge motivations. The specific reintegration activities that correlated with the most positive benefits for participants included end-of-service Stand Down events, post-deployment celebrations with family, and post-deployment community events. Surprisingly, I also found a main effect for the psychological well-being of those respondents who participated in individual counseling after ending their time in service, with those who attended individual counseling experiencing lower psychological well-being scores than those who did not. Further research is needed to continue to explore the relationship between community reintegration activities, identity formation, and psychological well-being, and will be discussed in Chapter 7. In the following chapter, I further explore the relationship between identity and well-being for service members when transitioning home, through the stories of participants in their own words.



the main variables in the study of identity and well-being. In the third section I examine service members' thoughts on community reintegration activities, and further explore relevant findings identified within the previous quantitative chapter. In concluding this chapter and transitioning to the succeeding discussion chapter, I highlight participants' advice for the reintegration of future service members.

### **Demographics**

I collected interview data during the initial 2015 pilot study including 12 service members, as well as from January to October 2016 following the closure of the online survey measures. In total, 42 service members participated in the optional follow-up interviews ( $n = 42$ ). Of these participants, service members represented the Air Force, Army, Navy, and Marine Corps; male and female; reserve and active duty service; and experience as both officers and enlisted service members. Figure 14 displays a word cloud representing the most commonly used words in the subsequent interviews with these 42 participants.

### **Themes on Identity**

As is consistent with the literature, the veterans in this study often described difficulty when reflecting on their time transitioning into civilian life following deployments or the end of military service. Although many participants, in his or her own ways, demonstrated positive adjustment features (such as good insight into their own experiences, a sense of future-orientation, and appropriate personal and/or professional goals), no participant expressed total insulation from the risks and stressors of return. One service member described the inevitability of having difficulties coming home, saying:

You're not going to avoid the suck. You're not going to avoid feeling bored, or feeling disdain for your fellow man, or rolling your eyes when one of these people say that life's

hard.... or feeling depressed from time to time, or maybe, you know, drinking a little too much or being a little too rowdy. You know, getting angry at shit normal people don't get angry at, or seeing the value in things that other people don't.... you're not, I'm not, the only one.

As service members described their experiences returning home and transitioning into civilian roles (whether this transition was immediately following a deployment or sometime later after separation with the military), I identified themes regarding the role that identity plays in a warrior's return. These themes included how service members viewed themselves and the impact of military service upon their lives, the importance of being welcomed home, isolation or inclusion within the community, missed camaraderie, and the need for recognition and respect.

**“People, When They Come Back, They’re Changed.”** Throughout the interviews, many participants discussed the process of confronting a different person in the mirror upon their return to civilian life. Several service members described conversations with their spouses, stating that their partners would point out to them that “there was a change” after deployments. “People,” explained one participant, “when they come back, they’re changed.” A sense of stagnation of time at home amplified this point: coming back to a largely unchanged civilian and family life, but feeling that they had changed dramatically during their time away. Participants expressed uncertainty of how to find their fit into a life they had previously led as a different person. One participant noted that, “it's very interesting, but not surprising, that so many people find their complete identities in their military service.” The process of identification emphasized by this participant underscores the prevalence of military indoctrination and how it encompasses and transforms civilian men and women into military service members: something and someone very different than the person they were before (McGurk, Cotting, Britt, & Adler, 2006).

Others discussed the dichotomies of identities, trying to find balance between their various roles and identities during their time in service, particularly if they felt an incongruence between the different identities. Several service members discussed feeling that the general population viewed their jobs as violent, but remarked on the pride that they felt when remembering the many humanitarian missions that they had participated in. A unique theme found in interviews with Vietnam veterans was the frustration of being labeled a “killer,” but feeling that the good they did during their time overseas was never seen by the public. Some Vietnam veterans discussed having been against the war themselves when they received their draft letter, and feeling that although they had the same political opinions as the people protesting against them, they were still spit on and labeled as “baby killers.”

Other participants discussed the balance between being a veteran while also embracing a new identity as a person with disabilities due to injuries incurred during their time in service, whether internal or external. Further reflections on identity occurred around culture and gender. Some Native veterans discussed their pride at having served in the military and being a warrior, but remarked on the paradox of feeling like second class citizens in a country whose interests they fought to protect. These participants expressed frustration and sadness at the loss of Native land, while also being asked to fight for and protect a nation that they felt did not want to fight for or protect the American Indian nations. Women, as well, described unique experiences during their time in service. Some female participants discussed attempts to rectify their pride from their time in the military with memories of feeling sexually exploited or treated like “property” while they were in uniform. I found these themes surrounding the experiences of minority veterans to be particularly intriguing. As white males were the predominant participants in the survey measures and the follow-up interviews, I discuss the need for future research exploring the

experiences of minority veterans -- specifically Native veterans and female veterans -- in Chapter 7.

**Welcome Home.** Another theme that arose within the interviews involved service members' first encounters with civilian life upon returning home, which can be seen as the initial transition away from the warrior identity. Not surprisingly, the initial welcome that service members did or did not receive when returning home often held significant importance in their memories. Participants described meeting family and friends at airports, running out of formation to find spouses at return ceremonies, driving home to find acknowledgements left on doors and garages by neighbors, and loved ones gathering at their homes for family celebrations. In contrast, other service members also acutely remembered waiting at the airport for family members who never came, hiding in terminals so that no one would see them in uniform, arriving to an empty home previously inhabited by spouses and children, and being screamed at by angry crowds while trying to retrieve luggage.

These experiences parallel, in part, the relationship between identity and psychological well-being also found in Southeast Asian refugees in Canada, as explored in Chapter 2 (Beiser & Hou, 2006). Beiser and Hou found that a strong ethnic identity (and in the case of participants in this research, I would propose substituting "ethnic identity" for "military identity") helped buffer specific stressors that may be a threat to psychological well-being. However, when these same refugees faced discrimination, individuals with a strong ethnic identity (again, I suggest that this might parallel with a strong "military identity") experienced greater emotional distress. Still other veterans described ambivalence regarding their welcome home, stating that "it was very uneventful coming home, and it would have been nice to have been recognized in some way."

Most experiences involving an overtly hostile public were felt during the Vietnam War. One service member described being confronted with such hostility when telling civilians from his hometown that he had been in Vietnam that he began telling people that he had been serving time in prison instead. This participant stated that the people in his community were more accepting of him at this point, and he was then told “welcome home.” Another Vietnam veteran described a group of strangers at the airport shielding him from protestors so that they would leave him alone, while yet another described community members contacting her parents regularly to ask when she was expected to arrive home, so that they could begin to offer support. Regardless of the conflict that the participants served in, however, veterans’ experiences in the initial return ranged from positive to negative. The overwhelming consensus was that the general attitudes and “atmosphere” of the nation are important to a good homecoming.

**“Did You Kill Anyone?”** Participants also discussed feeling disconnected with the larger civilian community, which translated to a sense that they did not belong in social groups outside of the military. Many veterans discussed a feeling of re-traumatization from the general population they encountered. Participants pointed to questions they were asked by civilians, such as: “Did you kill people?”, “What was it like in combat?”, or “Did you kill anybody over there?” One service member described this phenomenon as “emotional pornography”, stating that he feels that people who ask these questions are trying to “get off” on his pain, and he now limits his time with civilians to avoid these interactions.

When discussing these types of experiences, it is not surprising that many service members find it difficult not to feel resentful of the general civilian population. Participants also discussed feeling like civilians acted as if they stood on morally superior ground, in contrast to a service person who had been in combat or had been a part of the armed forces. Other participants



found this resentment heightened when they were consistently turned down for work, or when they encountered fellow Americans who were not aware that the nation was still in conflict. This experience was most unique for participants involved in the most recent American conflicts, as described by one veteran:

So, you've got your buddies, some of 'em still over there, still in the fight, and you come back and.... people are going, 'Where's Afghanistan?', you know, or, 'We're, we're fighting?.... I thought that stopped years ago?'

Another participant described the frustration of feeling like the public had become fatigued of hearing about losses sustained by American forces, and how this impacted a growing sense of isolation:

...and [I was] fighting in a war that no one knew about or cared about, it seemed, you know? We lost guys in, in any type of contact with the enemy....and, you know, frankly, most Americans didn't really want to hear about that.

Other participants reported a sense of disconnect from civilian society due to the perceived monotony of civilian life as compared with military service. Participants described the critical, life-or-death experiences during their time in service, and that civilian work was “just not important” after getting out of the military. Another service member described an overarching belief that the civilian world lacked discipline, and disliked hearing complaints from people whose lives were privileged compared to the lives led by service members overseas or to the lives of the local nationals in the communities where he had worked. In his words:

...and I found it hard to sympathize with 'em, and that really is my only negative reaction on coming out of uniform. And that was unreasonable, you know? You have to be more

tolerant with people who live different lives than you do in the military. You have to remember it's different. And, I would always have to remind myself of that.

**Missed Camaraderie.** Not surprisingly, this perceived disconnect of a service member's civilian identity often led to a strengthening of one's military identity following the end of deployment or time in service. One participant described the language developed between veterans as an "emotional shorthand," stating that deep meaning and emotions can be expressed between veterans with very few words, because so few people have shared similar intimate experiences. One service member explained, "the person next to you is the one that's going to keep you alive. It's a bond that you can't describe that's not there in the civilian world." This finding is consistent with reintegration literature arguing that comradeship and social support are important resources for service members and veterans when returning home (Burnell et al., 2010).

Other participants described the military as their second family, stating that while they often couldn't wait to get away from some of the people in their unit during their deployment overseas, they then found themselves wanting to go back to their "other [military] family" after being home for a few days. Another participant reflected on the isolation of coming home from such intense shared experiences, and the surprise of how lonely homecoming could become:

And it's so- that's so shocking 'cause when you come home, the reason you're coming home is to be with your friends and be with your family, and then you're sitting there at Thanksgiving, surrounded by everyone you know and love, and feeling so completely alone. It's hard.

### **Themes on Well-being**

Following the relationship between social identity and well-being established in the previous chapter, I identified themes related to service member well-being in addition to the themes on identities examined in the prior section. The primary well-being topics discussed by participants include: help that they received from civilians and the larger community, the role that supervisors had in their ability to adjust, issues experienced within their family units, and the presence of war felt in present life. In the following sections I separate these themes into broader well-being indicators of social involvement and positive emotions; employment, income, and housing; satisfaction with life; and emotional health.

**Social Involvement & Positive Emotions.** In contrast with the isolation felt by service members when confronting negative civilian responses, service members who received support and inclusion from their community expressed positive emotions regarding their return. Often, this support came from neighbors or friends who were veterans themselves. Another common population that was routinely mentioned as going out of their way to help returning service persons was policemen and women. For veterans returning home or transitioning out of military service, having a policeman as a neighbor translated into additional support and care.

Additionally, participants who discussed involvement in community groups largely participated in veteran service organizations such as the American Legion or the Wounded Warrior Project. Service members saw these organizations as valuable resources that offer help and assistance when needed. As one participant described:

...Most veterans units that, like VFW, American Legion, Captive War Veterans, CAV, Purple Heart, those, those veterans organizations are the ones that, they really care about them.... veterans taking care of veterans are the ones that normally took care of us. You,

you know, there was a few other organizations that were there for us, but the, the veterans organizations have never turned their back on their own. So, they, they've always been there for us in one way or another.

**Employment, Income, & Housing.** Throughout the interview, many participants described the critical role played by finding work after their transition out of service. Veterans were often concerned with providing for their family, keeping their homes, and finding meaningful work in the civilian world. As is often the case for military service members returning home, many participants described the job search process as a frustrating experience, one that could quickly lead to discouragement. The importance of having access to employment opportunities in reintegration is incorporated into treatment methods such as psychosocial rehabilitation. As reviewed in Chapter 4, an important technique for promoting self-efficacy and addressing mental health concerns is having appropriate and supportive education and employment opportunities (Glynn et al., 2009).

For Reserve and National Guard service members returning to their civilian employment following deployments, communication with their employer or company was often very stressful. Participants described feeling like they had to go back to work more quickly than they felt ready to after returning home, or feeling uncertain of whether or not they would have a job waiting for them on their return. One service member explained:

I have to say that coming back and wondering what you're gonna do at your job.... was the most stressful part of the whole thing. It was more stressful than everything else put together. It was more stressful than getting shelled or any of that stuff... 'cause you just didn't know. It was kind of vague.

For participants who expressed positive experiences with finding and maintaining civilian employment, understanding and supportive supervisors were largely credited with helping to make the transition as smooth as possible. One service member described a supervisor, who was also a veteran, being willing to take a chance on him for a position that he wasn't immediately qualified for, because the supervisor recognized that his military skills would translate into a readiness to learn and adapt. Another participant described his civilian employer as a "patriot" who was constantly flexible and consistently worked with the service member to make the transition between military and civilian life easier.

**Satisfaction with Life.** Another factor that participants described as having a sizable impact on the success of their return home was their family relationships, particularly with spouses. Of participants who described positive relational experiences with their family, many described their spouse's independence while they were overseas as a critical factor. One veteran described his wife as "the glue that held everything together" while he completed his deployment. Others discussed intentional efforts to spend quality time with their spouse and children when they returned home, often describing a period when the family members would need to become "reacquainted" with each other: so much had changed for the person who was away, but so much was similar for those left behind.

Other participants described difficulty communicating with their families when they came home, stating that their family members wanted to help but could not understand what the service member had been through. Participants discussed feeling torn between their family at home and their military family, who they saw as their brothers and sisters. This theme confirms findings within the literature, such as Anne Demers' 2011 qualitative study examining the role of the community in reintegration, demonstrating the salience of the camaraderie and bond

achieved among military personnel. As one service member explained in discussing the pull between leaving for a deployment or staying behind with family:

Some guys stay back for family situations, not to piss their wife off anymore, not to miss another kid born, but then you're stressed out by being the guy that's left. So, you're not the nice guy when you come home. It doesn't help the situation at all; you're there, but you're not there. You're wishing you were in Iraq (quoted in Demers, 2011, p. 170).

The relationship that service members had with their spouses had a direct impact on how many of the participants felt about their lives in general. Many veterans described the amplification of marital issues while overseas, which caused several to discuss separation or divorce while away. Several participants reflected on conversations with their spouses in which their spouses told them they were not ready for them to come home, or how the relationship with their spouse “imploded after returning home from Iraq.”

**Emotional Health.** Although participants often described leading happy and fulfilling lives since their return from deployments or transition into civilian life, another common theme was feeling the presence of war in their present lives at unexpected times. The most common complaint from veterans was fireworks and other loud, unexpected noises. One service member described the unexpected popping of balloons at a social function at work and reflected on the intense, internal response by saying, “I about freaked out.” Another participant described going to a concert with his spouse where lasers were used as a part of the show. The veteran described the green lasers as reminding him of the enemy lights when he was in Vietnam, which caused considerable emotional distress at the concert. When discussing the lingering effects of war on life in the civilian world, one participant described it as a continuous process even years later: “I’m still transitioning [back].” As previously reviewed within the literature, these are all

common symptoms associated with traumatic stress and post-traumatic stress disorder (American Psychiatric Association, 2013).

### **Identity, Well-being, & Community Reintegration**

While navigating identity and well-being during the transition into the civilian world, service members participated in a variety of activities to aid this process. As mentioned in the methodology chapter, I was particularly interested in how these activities assisted in forming more secure identities, and ultimately how this impacted their well-being. In the succeeding section, I offer general observations from service members' discussions of these activities, followed by a comparison with the benefits found in non-mainstream approaches to healing similar to the events and ceremonies that I described in Chapter 4.

**Reintegration Activities Discussed.** When discussing reintegration activities, the participants most frequently spoke of four activities. These activities included going on a vacation, attending a Yellow Ribbon event, participating in therapy, and spending time in nature. Veterans described participating in these activities as a way to transition home from deployments as well as an effort to transition into civilian life following discharge from military service and/or retirement. I will discuss these four categories further in the following subsections.

**Road trip.** After returning from a deployment, it is common for service members to have time off, or "leave," in order to rest, recover, visit with family, or take a vacation. Many participants described using this time to "decompress." Service members discussed using leave time to go on cruises with other service members, to take their family on a vacation, or to spend some time alone. Participants described this time as a way to relax before reporting again for duty, or before returning to civilian employment. Surprisingly, several participants discussed the positive experience they had with their spouse when taking some sort of road trip throughout the

United States after they returned. The sentiment of these service members was that because they had spent so much time away from their own country, a relaxing way to spend their leave would be to explore America with their spouse.

***Yellow ribbon.*** The Yellow Ribbon Reintegration Program (YRRP) Events are several day retreat-type events offered to National Guard and Reserve Components throughout the deployment cycle. The YRRP offers events during pre-deployment, for families while their loved one is overseas, as well as events 30, 60, and 90-days post-deployment (Joint Services Support, 2017). Although National Guard soldiers are often required to attend these events with their units, and Reserve Components have the opportunity to participate as well, service members were overwhelmingly positive about their experiences at a Yellow Ribbon event.

Participants discussed enjoying the opportunity to see the people they had deployed with, and to have the time and space to socialize and be together in a low-stress environment. Some service members described how the retreats were easily accessible due to paid compensation for the weekend and being able to stay in comfortable accommodations. Participants also felt that the information covered during the events, such as communication skills with their spouse and workshops for parents, helped to foster worthwhile conversations with their families attending the events that they otherwise might not have had. These experiences were unique, however, to National Guard and Reserve Component members, as YRRP events are not commonly available to Active Duty Components.

***Damn near killed me.*** Participating in treatment involving psychotherapy and/or psychotropic medication was the reintegration activity with the widest spectrum of opinions and experiences; many service members felt strongly about the positive or negative outcomes associated with participation in these activities. Many participants discussed learning coping



skills that helped minimize the symptoms associated with anxiety and hypervigilance, as well as strategies for coping in large crowds, particularly in the grocery store. Other service members remarked on how they wished that some sort of counseling or treatment had been mandatory when they returned home, expressing the feeling that perhaps their symptoms would not have become so severe or chronic if they had been connected with care sooner.

When discussing counseling and medication, the VA was cited as a common source of frustration and stress. Participants described interacting with the VA as playing a “game”, and expressed a lack of certainty if the mental health treatment they received “helps or doesn’t help.” Regardless of their reflections on mainstream treatment approaches, however, the vast majority of participants did not seek any sort of help or treatment until after their time in service was over, often for fear of receiving the “broken soldier” label. This finding corresponds with the current literature identifying mental health stigma as a barrier to service members seeking psychological help (Dingfelder, 2009; Greene-Shortridge, Britt, & Castro, 2007; Miggantz, 2013). As one participant explained while discussing a brief post-deployment psychological evaluation:

Even though the common language now says you can get mental health treatment, it messes up people’s career. No one wants to be labeled while they’re in service, and just want to get home more quickly to their families.

There were also several participants who felt that trying to navigate the common processes for treatment did more harm to their psyche than it did good. Service members described overcrowded VA clinics and overbooked clinicians, and felt that they weren’t an individual person within the system, but that they were being prescribed a set of treatments that did not work for them. One participant described continuous efforts to follow the treatment plans prescribed for his PTSD symptoms, but continuously felt “over-medicated” and that the

resources offered just didn't "fit" for him. Another service member described physical reactions to psychotropic medications, which he felt were the only treatment options available to him, as being so severe that they "damn near killed me."

***Restore my soul.*** One of the most discussed activities that led to positive growth and healing, and also one that I had not previously anticipated, was spending time in nature. Many participants related that spending time outside and in nature provided significant emotional and physical health benefits. These activities occurred in a variety of settings, from driving through the desert, to spending time in the mountains, to taking walks on beaches, or gardening in their back yard. One service member vividly remembered an experience he had not long after returning home from deployment:

[In] Iraq it never, it rained, but it rained very little...so, when I came back, you could call it weird, but it was raining. And I remember, like, going on my porch and...I closed my eyes and you could just hear the rain, it was crazy. And I actually went outside...and I just felt clean rain...and that, I think, that, from Iraq, that was when everything just kind of, you can call it a washing away, if you will, a symbolism; but, that was when I knew I was home.

Participants also described finding a release of pressure through doing activities outdoors. Some service members described the pleasure that they found in gardening, particularly if their deployment was to an environment with limited vegetation. Another participant described learning to rock climb after returning home to help cope with symptoms of depression, while another service member took up mountain biking to work through anxiety and agitation. Still other participants described going camping in the woods by themselves or with other veterans. The common thread through these discussions was a release of tension felt in the peace and quiet

of nature. One participant described the role that hiking and walking near bodies of water played in his life, no matter where his duty station, as a time of healing to let “God and nature restore my soul.”

### **Exploring Non-Mainstream Approaches to Healing**

Given the impact that reintegration can have on service members longitudinally, the positive results of reintegration rituals in many indigenous communities, and the difficulties often surrounding this transition (as described by another veteran, “I would never wish what I felt like I was going through at the time on anyone else”), this final qualitative analysis is on the experiences of participants in light of the benefits found in many traditional approaches to healing. I will again utilize Lawrence Gross’ 2007 examination of therapies used to treat American Indian veterans as a framework for this analysis. As previously discussed, Gross found that several of the benefits achieved through these methods of treatment included: the social absorption of stress; deconditioning of combat emotions; a new outlook on life; empowering grief; connection with time, space, and group identity; and honor, meaning, and purpose, among others.

Gross includes additional therapeutic benefits; however, I have chosen the specific outcomes for analysis that are most translatable to a wider range of reintegration activities. These specific benefits are ones that are or could be observed in the reintegration activities in which service members most commonly participate. I have categorized the therapeutic benefits in the following sub-sections into accessible and inaccessible outcomes and benefits of reintegration initiatives.

**Accessible reintegration benefits.** Among the benefits available to participants in American Indian activities and rituals for healing, Gross discusses three key outcomes that I also

observed in the experiences of the interview participants in this research. These characteristics include the social absorption of stress, deconditioning of combat emotions, and a new outlook on life.

***Social absorption of stress.*** One important aspect of ceremonial processes is the stress-buffering role of social-support systems through the absorption of stress by families (Holm, 1986). While many veterans described the additional stress caused by strained relationships when returning home, veterans who described a more positive familial relationship often spoke of their fathers who were also veterans. One participant said, “My dad was in the infantry....so he knew, he understood the suck, but he didn’t understand everything. So, he was actually, me and him got along better than we’d ever had”. Other service members shared similar feelings of becoming closer to their veteran fathers, while remaining cognizant of the gap in shared experiences due to the differing time in service. One participant went on to describe:

With my father, things were a little different. It’s that he’s a vet himself....so, he knew a little bit more of what I was going through, and there was a lot more open respect between us because we’d both seen some things that aren’t necessarily, you know, positive. But, the interaction between us was better, but that was about the extent of interactions that became better. Because, it was only my father that I’d now shared this identity with. Other than that I had a very limited peer group.

***Deconditioning of combat emotions.*** Silver and Wilson (1988) argue that communal rituals provide positive societal reintegration effects by reducing the power of trauma and deconditioning intense emotions associated with combat and deployments. Although most veterans were not able to find an outlet for this within their communities, some participants

described receiving positive results through individual or group counseling and therapy. As one service member described:

I've been doing therapy about once a week, primarily to deal with kind of traumatic experiences while deployed. And then once a month I deal with another therapist, and we just go over cognitive distortions and try to do CBT therapy to get rid of those.

Further, as discussed previously, many service members were able to find a release from powerful emotions by spending time in nature, and processing their thoughts and feelings in a low-stress environment, away from the people, places, and sounds that typically trigger intense reactions or anxiety.

*A new outlook on life.* Research has shown American Indian ceremonies and rituals to provide a new outlook on life that lessens the emotional impact of deployment stress by awakening a sense of purpose (Silver & Wilson, 1988). Some participants described joining the military in order to pay for college, and that their subsequent time in school was a fruition of years of hard work and motivation. Other veterans described pursuing civilian career goals after their time in service as a way to re-envision themselves and their direction in life. One service member said:

[I] waited tables and bartended, and then that other deployment came up. So, I jumped on that because it's a lot better than waiting tables and bartending. And then when I came back I was just like, screw this, I'm going back to school, I'm already too far behind.

**Inaccessible reintegration benefits.** In addition to the above reintegration benefits that some veterans were able to access through their own transition processes, Gross describes additional key outcomes found in tribal ceremonies that were not present in the majority of

veterans' experiences. These characteristics include empowering grief; connection with time, space, and group identity; and honor, meaning, and purpose.

***Empowering grief.*** An important aspect of the community support provided through reintegration ceremonies is a framework for veterans to experience grief in order to empower themselves (Native American Development Corporation, 1990). Throughout the interviews, very rarely did veterans express support for their emotions in a way that was empowering and strengthening (an exception to this is the experiences of veterans who participated in sweat lodge ceremonies and ritual retreats). Participants often discussed the stigma surrounding mental health and the isolation felt when confronting difficulties in adjusting to civilian life. In describing perceived attitudes surrounding veterans with behavioral health concerns, one participant related:

It's just sort of this, you're strong, why don't you just willpower through it? And I think in the military especially, which is sad because we know what the other person goes through...and I guess it's like, well, I went through the same thing and I didn't need help. What's wrong with you?

Another veteran explained:

There's still that stigma that you're less of a man, or you're not a good soldier if you're going to go get help....and that carries on into the civilian world. People still think that getting help is not good.

***Connection with time, space, and group identity.*** A profound gap observed within veterans' post-deployment experiences was a sense of connection with time and identity. One of the key benefits found in ceremonies and rituals is "the holistic nature of rituals, creating a 'sense of unified connectedness in time, space, and group identity,' thus placing the individual once again in harmony with 'all relations on earth and above'" (Gross, 2007, p. 379; Silver & Wilson,

1988, p. 353). One veteran described a sense of disconnection with life back home, feeling that loved ones had changed without him, saying, “Everything around the home life, home unit, church; everything’s changed in some form or fashion, and you come back sort of expecting everything to be the same.... but everybody has changed.” Another veteran reflected on his perspective regarding the loss of time:

It’s [like] losing a whole year.... You’ve been gone for a year and it seems like they’ve moved on without you and forgotten, but that’s typically not the case. They had to live without you, but that doesn’t mean that they stopped thinking about you.

Other veterans discussed the difficulty in accepting their veteran identity as well as civilian identity. One participant described utilizing college as a process to make the transition, saying, “I think while I’m here I could maybe...start to find my civilian identity.” Another veteran relayed the desire to distance himself from his military identity:

I did what I could to distance myself from my identity as a veteran. I came to the point where I hated the [military]. I hated what it had done to me. I hated the fact that, you know, that I was disabled, that I hurt, that I was depressed. That I had this bright future and I felt that it had been cut short.... I was very bitter about that and I let it get the best of me.

***Honor, meaning, and purpose.*** Recognition of service by the veteran’s community and tribal elder is a particularly critical outcome of ceremonies (Holm, 1986). Holm argues that meaning and purpose are given to veterans’ sacrifices through the honor received from their communities, as well as the re-established connection that is made through rapprochement with tribal elders. This recognition not only provides purpose for veterans, but also gives them status and prestige in the community because of their service and maturation while away. Related

aspects of this form of reintegration were often missing in participants' descriptions of their experiences coming home. One service member recounted a feeling of holding a lower social status due to his military service:

That's the way it used to be, historically, that the lower echelon of society went to war. And that was, that was what they were made to do. But, you know, I think it's different nowadays, but society hasn't changed its mind. So, that transition from a war fighter into civilian populace, we're already seen as the lower echelon still. And trying to enter the workforce, we don't really get a leg up on anybody else even though we've had different experiences.

Another veteran described a loss of meaning and purpose upon returning home: "You know, I can't, I couldn't help but wonder to myself, like, what was this all for? You know, for what have I sacrificed? And the answer was nothing, that I sacrificed for nothing". Although many participants spoke with pride about their time in military service and were able to find a sense of acceptance regarding sacrifices made for the mission or for the person serving next to them, service members did not achieve this understanding through community reintegration efforts. Among service members able to rectify what they had seen and experienced with their civilian self, veterans generally initiated this actualization through efforts of self-reflection, spirituality, and/or time spent with other veterans.

### **Advice for the Future**

*"It's a lot of days where I just feel like keeping the wheels on the bus is a good day. I'm, I'm not, I don't spend a lot of time thinking about how to make it better.*

*I'm just trying to, how do I keep it from getting worse, you know?"*



At the end of each interview, I asked participants if they had any advice for future service members returning home from deployment or transitioning out of the military, or if there was any piece of wisdom that they wish someone had spoken to them during their transition home.

What follows are highlights from participants' advice for the future, in their own words:

- Don't be in a hurry to be out of the military.
- The details of VA claims are important. Find help to make sure you submit everything correctly.
- Use the pride from your military service to believe in yourself and do great things in the civilian world.
- Find a mentor.
- Take some time for yourself.
- Find some hobbies.
- Go slow in the adjustment, it's a whole new world.
- Don't try to do too much too quick. Come back gently.
- Use what you learned in the military to your advantage.
- Walk with your head held high.
- If you're married, get into marriage counseling, cause almost nothing changes for the person left behind, and almost everything changes for the person who left.
- Take advantage of the opportunities that are around you.
- Make sure you register with the VA and get everything documented.
- Spend time with other vets, and don't be ashamed to say you've got a problem and ask for help.

- Make sure you have a plan for how you're going to tackle the logistics of life when you get out.

### **Conclusion**

In this chapter I have discussed common themes on well-being and identity found in the interviews of 42 service members and veterans. One of the most common themes within the interviews involved the service member's social environment, and how they perceived themselves and the new civilian world into which they were reintegrating. For example, the political climate and national attitudes towards the current conflict play important roles in how service members interact with their community, often feeling re-traumatized by the civilians that they encounter. Interview participants also discussed the tension of navigating the different identities within their lives, and the intricacies of feeling out of place where one is meant to belong. This impact of identity was particularly prominent for minority veterans, specifically Native veterans.

Additional key themes that I identified within these interviews involved the reintegration activities that service members engaged in upon returning home from deployments and transitioning out of service. Activities that veterans found particularly helpful and relaxing included vacations, road trips with spouses, and Yellow Ribbon events for National Guard and Reserve Component service members. Participants also offered advice to future service members, with responses that ranged from general guidance to take the transition slow, to specific recommendations of completing paperwork with the VA as quickly and accurately as possible. I discuss these findings, compiled with the findings from the survey measures and participant observations, in the following chapter. I then conclude the research with a discussion of research implications and recommendations for policy and practice.

## Chapter 7

### Discussion & Conclusions

As discussed in the previous six chapters, in this research I explore the relationship between the social identity and emotional well-being of military service members when transitioning to civilian roles following deployment(s) and/or the end of military service. This mixed-methods research used a cross-sectional research design with quasi-experimental elements. Key variables included psychosocial well-being (dependent variable), social identity (independent variable), and participation in community reintegration events (intervening variable). Using insights from Social Identity Theory and Maslow's Hierarchy of Human Needs to examine the experience of service members returning home, I asked:

- *How does social identity impact the emotional well-being of military service members when transitioning to civilian roles following deployment(s) and/or end of military service?*
- With a sub-question of: *How does participation in formalized or ad hoc community reintegration "rituals" influence the service member's felt sense of return?*

The hypotheses developed from the research questions were that individuals who have participated in a societal or communal ceremony, ritual, or event, which is held specifically for reintegration purposes, will demonstrate a more secure transition between military and civilian identities; and that individuals who have more integrated, less competing civilian and military identities will demonstrate higher instances of psychosocial well-being. I summarize and discuss key findings from the data analyses below, followed by research limitations and recommendations for future research and practice.

## Key Findings

**Key Observation Findings.** As previously discussed, to examine treatment and healing methods specifically focused on community involvement (and if possible, identity formation), I participated in five veteran reintegration events or ceremonies at four different sites. These events included the 2016 Foothills Stand Down Event for Homeless Veterans in Hickory, North Carolina; the Fall 2015 and Spring 2016 Elder Warrior Retreat in San Juan Bautista, California; the 2016 Marvin “Joe” Curry Veterans Pow Wow in Salamanca, New York; and an Inipi Sweat Lodge Ceremony in Lakewood, Washington. A summary of the key findings from these participant observations include:

1. Treatment and reintegration processes for veterans must affirm the dignity and self-determination of each person. This finding harkens upon Albert Bandura’s 1973 agentic theory of human development, in that the premier agent for change in a person’s life is their own self-efficacy. To promote positive change for a returning service member, a principle first step must be an effort to partner with the veteran to expand their own capacity to achieve a measure of control within their environment (Glynn et al., 2009).
2. A common theme within each event was community involvement. In fact, for the majority of the ceremonies, community involvement was not only present, but central to the event. Efforts to improve the social identity and emotional well-being of service members must take into account the isolating nature of individual treatment processes, and attempt to incorporate the person’s social environment. A question that emerges from this finding, however, is whether or not it is possible to improve social identity in a treatment setting that involves only the veteran and the practitioner.

3. As noted by Silver and Wilson (1988), the benefits of integrated involvement of community and family members include the affirmation and recognition of the warrior, and group support for surfacing and integrating traumatic experiences. The potential for positive outcomes from group support while surfacing and integrating traumatic experiences is also reinforced in the trauma literature within communities that demonstrate an openness to discussing wartime traumas (Weder et al, 2010), as well as families that are bonded through their shared suffering (Rousseau et al., 1999). Within each observation, there was a time for family and community members to intentionally honor and recognize warriors for their struggles, sacrifices, bravery, and service. Particularly within the larger Pow Wow and Stand Down events, veterans were afforded specific places of honor in seating or acknowledgement. For example, veterans and their families attending the Stand Down event were escorted throughout the exhibition halls and fair grounds by a personal escort throughout the day. Similarly, the Veterans Pow Wow hosted a shaded, front-row, VIP seating area reserved for veterans, along with moments of song and dance throughout the ceremony that was dedicated specifically to all of the veterans in attendance.
4. There is merit in healing approaches that do not specifically discuss traumatic experiences, as do many of the common individual therapy methods of today. A common characteristic of all four observations was that veterans could experience and participate in the ceremonies verbally or non-verbally. For example, while in the Inipi Ceremony, participants had the opportunity to share a part of their story with the group, however, participation did not require the veteran to delve into their past trauma or present

struggles if they did not want to. Those within the Lodge were given the opportunity to simply sit and experience the ceremony, without any verbal communication.

**Key Quantitative Findings.** This research also examines well-being and social identity within the warrior to civilian transition through quantitative measures. The primary scales that I chose for examination of the guiding research questions included the 54-item Ryff Scale of Psychological Well-being, the 12-item Optum SF-12v2 Health Survey, the 16-item Collective Self-Esteem Scale, and the 18-item Transgression-Related Interpersonal Motivations Inventory. Participants also completed a series of demographic questions, along with prompts related to military service and activities after returning from deployment and/or ending military service. I summarize the key quantitative findings in the following three sub-sections within the categories of well-being, social identity, and reintegration activities.

**Key Well-being Findings.** Following analyses of the survey measures, I found that significant predictors of a service member or veteran's psychological well-being included collective self-esteem and transgression-related interpersonal motivations. Thereby, the higher a person's collective self-esteem, the greater his or her psychological well-being. Conversely, the lower a person's transgression-related interpersonal motivations, the greater his or her psychological well-being. I also found that greater psychological well-being is most highly correlated with higher mental health, higher membership self-esteem, and higher public collective self-esteem. Furthermore, findings suggest that mental health is significantly predicted by a person's physical functioning, social functioning, environmental mastery, and positive relations with others. Finally, I also found participants' overall health and well-being to be highly correlated with greater psychological well-being, purpose in life, personal growth, and environmental mastery.

**Key Social Identity Findings.** Participants who reported feeling a greater purpose in life also exhibited correlations with higher reported levels of collective self-esteem. As discussed previously, study findings also suggest that collective self-esteem significantly correlates with psychological well-being. Following data analyses, I found that significant predictors of a service member or veteran's overall collective self-esteem include higher benevolence motivations towards a perceived enemy, as well as a person's private collective self-esteem. In fact, I found transgression-related interpersonal motivations to be negatively correlated with psychological well-being, positive relations with others, and bodily pain. Thus, the greater a participant's bodily pain scores (which indicate lowered levels of bodily pain as compared to the average population), the lower that person's transgression-related interpersonal motivations. This can be interpreted as: the more physical pain a person feels, the more likely he or she is to have greater revenge, avoidance, and non-benevolent feelings towards a perceived enemy. Conversely, the data shows that higher benevolence motivations are most highly predicted by less bodily pain, avoidance motivations, and revenge motivations, as well as greater membership self-esteem. Thus, a more secure social identity predicts benevolence towards others, and not necessarily "othering."

**Key Reintegration Findings.** In further analyses of the survey measures, I found that the number of post-deployment reintegration activities a person engaged in correlates with higher instances of purpose in life, personal growth, vitality, general health, and physical functioning. It is possible that participants with better physical health when returning from deployment were thus more able to participate in activities, however, the results do also suggest that a person's overall well-being and engagement in reintegration activities have a strong relationship. Similarly, the number of end-of-service reintegration activities a person engaged in negatively

correlated with transgression-related interpersonal motivations, avoidance motivations, and revenge motivations. Conversely, end-of-service reintegration activities were positively correlated with vitality and the ability to physically complete role responsibilities. Again, as I can only speculate as to the direction of the correlation, it is possible that better physical health when discharging from the military allowed participants to engage in more activities, however, the results do also suggest that community engagement following military service minimizes negative feelings towards the perceived enemy during time in uniform. In fact, a higher number of end-of-service reintegration activities was found to be a significant predictor of lowered transgression-related interpersonal motivations.

The specific reintegration activities that correlated with the most positive benefits for participants included end-of-service Stand Down events, post-deployment celebrations with family, and post-deployment community events. Those participants who attended a Stand Down event following their time in service reported less feelings of revenge and avoidance motivations as well as greater benevolence motivations towards a perceived enemy. Additionally, participants who engaged in a post-deployment celebration with their family reported higher psychological well-being, as did individuals who participated in a post-deployment community event. Participation in a post-deployment community event was also positively correlated with collective self-esteem.

Surprisingly, I found a main effect for the psychological well-being of those respondents who participated in individual counseling after ending their time in service: those who attended individual counseling experienced lower psychological well-being scores than those who did not. Likewise, those who participated in group counseling following the end of their time in service also experienced lowered psychological well-being as well as lowered collective self-esteem.



While it is possible that those individuals who participated in individual and group counseling experienced a lower baseline of well-being prior to initiating therapy, thus prompting engagement with this reintegration activity, it is noteworthy that these activities were the only variables to produce a significant negative correlation. These findings are particularly worth probing given that, in addition to psychotropic medication, individual and group counseling are the primary avenue for mental health treatment offered to veterans today.

### **Key Qualitative Findings**

In the final method for exploring the relationship between service member social identity and well-being in the context of reintegration, I interviewed 42 participants to learn from their experiences in their own words. While each person's individual story was unique, common themes and similar, general ideas wove distinguishable threads throughout the interviews as a whole. A summary of the key findings from my conversations with these 42 participants follows.

One of the most common themes I found within the interviews involved the service member's social environment, and how they perceived themselves and the new civilian world into which they were reintegrating. For a returning service member, relationships are key. These relationships, however, are numerous and often nuanced. How a veteran interacts with his or her family, employer, community, and other military members holds critical importance to the "success" of a person's transition into the civilian world. For example, participants who expressed positive experiences with finding and maintaining civilian employment cited supportive supervisors as key. Difficulty communicating with family members can consume a service member's emotional life while deployed and upon return home, easing or impeding the warrior's transition. Additionally, the political climate and national attitudes towards the current conflict play an important role in how service members, who often feel re-traumatized by

civilians that they encounter, interact with their community. These relationships and encounters with family, employers, and community members are all encompassed by the relationship the service member had with the military and the people they served with, often invoking a profound sense of loss from the missed camaraderie and support.

Interview participants also discussed the dance of navigating the different identities within their lives, and the intricacies of feeling out of place where one is meant to belong. For example, participants discussed being told by spouses that they had changed since returning home from deployments, and were frustrated by not being able to feel fully settled in certain civilian environments (such as concerts with flashing lights or events with fireworks). This impact of identity tensions was particularly prominent for minority veterans, specifically Native veterans. These participants expressed frustration and sadness at being asked to fight for and protect a nation that they felt did not want to fight for or protect the American Indian nations.

I also identified additional key themes regarding the reintegration activities that service members engaged in upon returning home from deployments and transitioning out of service. Activities that veterans found particularly helpful and relaxing included vacations, road trips with spouses, and Yellow Ribbon events for National Guard and Reserve Component service members. One of the most discussed activities that led to positive growth and healing was spending time in nature. Many participants related that spending time outside and in nature provided significant emotional and physical health benefits. In contrast, participation in treatment involving psychotherapy was the reintegration activity with the widest spectrum of opinions and experiences, with many service members feeling strongly about the positive or negative outcomes. Regardless of whether the veteran felt positively or negatively about counseling as a treatment approach, however, the vast majority did not seek treatment until after

their time in service was over, most often due to the stigma associated with mental health treatment.

### **Triangulating the Data: Well-being and Return from 10,000 Feet**

When conducting interviews with participants, I often asked service members to provide me with a bit of context for our conversation by starting with a brief overview of their time in and out of service, or put another way, their experiences from a 10,000-foot view. I asked this question because taking a step back and surveying all of the information available from a wide perspective often provides deeper meaning or highlights common threads. Because this research draws data from three different focal source points, a 10,000-foot view is necessary in discussing main findings and conclusions as well. Principal conclusions drawn from the findings within the research are discussed below and connected with the literature guiding this research.

**Sense of belonging & reintegration.** Community reintegration is not simply a goal for return, but a critical component to establishing psychological well-being, mental health, and thus overall health. As previous studies have espoused, there are causal implications of identity upon well-being (Biddulph, 2013; deRoos-Cassini et al., 2013; Dimitrova et al., 2013; Miller, 2010), which is also supported by the findings presented in the preceding chapters. This research suggests that the relationships surrounding veterans help inform their sense of self, their place in society, and their overall well-being. Indeed, Abraham Maslow's hierarchical theory of human needs supports this finding in that the need for belongingness is a critical component of all basic human needs (Maslow, 1943). Therefore, "community reintegration" should be transformed from an understanding of a set of tasks and to-dos that a service member should be involved in, into a critical piece of a more comprehensive social identity that may ultimately predict a person's well-being.

**Social identity theory.** As an individual's self-concept encompasses a personal and a social identity (Tajfel & Turner, 1986), this research highlights the social responsibility of the community surrounding returning veterans to take part in the reintegration of military service members. Because attitudes, feelings, beliefs, and behaviors are derived from a person's understanding of themselves, and an awareness of their place in the world, or "social location" (Brubaker & Cooper, 2000), American society should also recognize the need for an active role in the transition of uniformed personnel from "warrior" to "civilian."

The onus of return, and whether a service member is successful in transitioning into civilian life, has thus far been viewed as an individual burden for the veteran to bear. This research suggests, however, that the well-being of a service member also hinges on the actions and attitudes of those around the veteran in their micro, mezzo, and macro systems. Because a person's self-image is derived "from the social categories to which he perceives himself as belonging" (Tajfel & Turner, 1986, p. 16), comradeship and societal support work to promote social integration and a larger sense of belonging (Barron et al., 2008). As positive relations with others, social functioning, and collective self-esteem all significantly impact well-being, American society has a responsibility for how it reintegrates service members returning home and transitioning out of service.

**Well-being & the American service member.** As the community reintegration of service members is a multifaceted engagement in "diverse aspects of role functioning as an (1) independent, autonomous person; (2) family member; (3) friend; (4) spouse and/or intimate partner, (5) parent; (6) civic and community member; (7) student; and (8) member of the workforce" (Resnik et al., 2012), a one-size-fits-all approach to return does not work. This conclusion, on the surface, may seem intuitive; however, the current system of treatment

designates, at times, rigid and often impersonal mental health care pathways, which can be unhelpful at the least, and at times harmful to veterans who do not respond well to these types of treatments.

This may be due, in part, to the collectively-centered military culture, and the isolating nature of treatment practices for service members today, which can be highly individually-focused (Bisson et al., 2007). There is considerable merit, however, to traditional and non-mainstream approaches to healing that are currently offering benefits to only a comparatively small percentage of the veteran population. When considering that nearly half of all service members meeting the diagnostic criteria for PTSD are not receiving minimally adequate treatment (Tanielian et al., 2008), it is clear that there is much opportunity for expanding what is currently made available to veterans throughout their transition.

**Trauma & peace.** As discussed previously, studies investigating attitudes towards peace within populations across the globe found that symptoms of depression, anxiety, and PTSD or ASD are overwhelmingly correlated with feelings of violence, non-reconciliatory attitudes, and revenge (Hecker et al., 2013; Schaal et al., 2012; Stammel et al., 2012; Vinck et al., 2007). The findings from the current study suggest that this relationship is present for US service members as well. Indeed, as discussed in Chapter 5, the longitudinal effects of war and conflict, as seen in a service member's "relationship" with the perceived enemy during their time in service, impact health and well-being. Service members who more recently spent time in conflict or combat often expressed the highest revenge and avoidance motivations. As suggested by interview participants, this may be contributed to by the lack of resolution in the largest, most recent conflicts in Iraq and Afghanistan.

**Findings Implications**

The findings within this research are important for practitioners and academics alike. On the micro level, these findings imply that health care devoid of attention to the social aspects of a person's functioning misses a critical opportunity for treatment of the whole person, and therefore may overlook opportunities for significant effects on mental health, physical functioning, and the like. Furthermore, if social identity and well-being are linked for individuals in general, this research implies that humanity, and the human space within and around each person's social sphere, shares a responsibility for one another on the macro level.

Indeed, as one service member explained, the general public in the United States has a responsibility for the beginning and end of wars and conflicts, because, in American democracy the ultimate power lies with the people, and law makers have limited authority in making sweeping directives if they do not have a modicum of public support. Therefore, even though a small percentage of the population in the United States serves in the Armed Forces, the general public does share a responsibility for the actions of the military on behalf of its citizens. This has not been the experience, however, of the participants in this research project, implying that there is a critical need for reform in how the United States as a country brings its troops home.

Nevertheless, this is not a new issue, historically. Public participation in the plight of the military has been a difficulty for the United States since its founding. George Washington continually expressed frustration that the Continental Army was often without appropriate food, water, or shelter, while the nearby populace flourished in the lands that the makeshift army was fighting to free (Chernow, 2011). This is an issue of American culture that is ingrained in the foundation of the nation, so it will take a cultural shift to begin to adjust society's response to service members. What is surprising about this segmented attitude, however, is that the

Continental Congress devised that the military should be civilian-controlled and, today, the Secretary of Defense has stipulations on the time he/she must have been a civilian prior to taking the post. Despite the intended close relationship between the civilian and military realms, however, the chasm between the two populations is wide.

Themes identified within the current research may suggest that this chasm is due, in part, to the ability of the American public to tune in and out of what is happening abroad and with the military, something that was not possible during World War II. Many participants mentioned this as a unique time in history when the conflicts in which the United States was engaged demanded the attention and efforts of each person in the country. The current detachment of the American public from global conflicts, that has been observed by participants in this research, may also be due to the geographical location of the United States. Although the shifting of tectonic plates is not an implication of this research, a metaphorical shifting of engagement and education very well may be. In recounting a conversation with Dr. Arie Shalev, journalist Sebastian Junger writes that “the closer the public is to the actual combat, the better the war will be understood and the less difficulty soldiers will have when they come home” (Junger, 2016, p. 96-97).

Implications of this research are not limited to the US borders, however. As mentioned in Chapter 2 of this research, there are implications globally for the durability of peace in light of sociocultural trauma, or trauma that is experienced by a large group or an entire society (Lin, Suyemoto, & Kiang, 2009). Individual well-being impacts familial well-being, and family well-being impacts the well-being of the community. Therefore, community well-being, as a product of the collective emotional and physical health of individuals and families functioning within the system, is a cornerstone of the peacebuilding process. Because there is evidence to support that greater psychological well-being has a negative relationship with feelings of revenge and

avoidance towards an “enemy” and a positive relationship with benevolent feelings, peace and reconciliation programs should incorporate efforts to promote psychological well-being and social identity.

### **Study Limitations**

The most immediate limitation for this research is external validity, given its relatively small sample size when compared to the large sample size that is needed for generalizability. External validity was impacted because of funding and time restrictions, as a more representative proportion of the population was not surveyed (a representative sample size with a confidence level of 99% and a confidence interval of 1 denotes a sample size of 16,348 individuals). Sample size was additionally a limitation within this research in terms of comparisons between participant sub-groups.

Another limitation impacting generalizability was the lack of racial and gender diversity among the participants, as the large majority of respondents indicated that they were Caucasian or white males. Performing analyses and comparisons between groups within the ethnicity, reintegration activity, duty status, and employment categories also provided a research limitation due to the fact that participants were allowed to select as many answers as were relevant to their situation. Additionally, when performing analyses, determining directionality of the effect between social identity and emotional well-being was limited because the research design was not experimental. A selection bias also posed limitations for this research project, as participants who chose to take part were already open and receptive to disclosing and discussing the information collected.

My own visibility as a researcher during observations also posed an additional problem in reintegration ceremonies and events as participants were made aware of the research project.



However, the Hawthorne effect seemed to be short-lived as I became more comfortable with the event area and was able to reduce reactivity by building rapport to promote more invisibility (Maxwell, 2012). IRB requirements also provided a limitation in soliciting respondents, as some potential participants chose not to participate due to a wariness of signing the informed consent documentation. Finally, there were limitations in accessing the desired populations, as acquiring formal collaborations with the VA was especially elusive. A positive outcome of these study limitations, however, is the possibility of a broad agenda for future research, which I will discuss in the following section.

### **Recommendations for Future Research**

I derive recommendations for future research from questions that arose during data analysis, as well as the limitations presented by the current research project. In light of the findings and conclusions within this study, recommendations for future research include:

1. Conduct a larger research study of veterans and service members in general to satisfy the question of generalizability and selection bias.
2. Perform research across global populations to determine if the relationship between social identity and well-being is cross-cultural.
3. Conduct further research to determine the directionality of the relationship between social identity and emotional well-being.
4. Perform case study research to examine if and how an individualistic society may adapt communal traits when welcoming warriors home.
5. Explore the relationship between individual and group counseling with psychological well-being and social identity. Was the lowered well-being found in this research a phenomenon, or is this indicative of something more?

6. Explore the experiences of female veterans in order to understand the lowered well-being exhibited in this research as opposed to male veterans.
7. Explore the experiences of enlisted personnel in order to understand the lowered well-being exhibited in this research as opposed to officers.
8. Conduct in-depth quantitative and qualitative research on Native veterans and the impact of marginalization on well-being and military service.

### **Recommendations for Policy & Practice**

*“I don't believe the nation owes me, I think the nation has a responsibility to think about how we weave these individual threads, these service men and women back into the fabric of American society, because we trained them to do things that aren't natural, necessarily, and some of them had to do that, and so what's our responsibility now, in weaving them back, you know, into society?”*

*How do we do that?”*

I humbly offer recommendations for policy and practice below, as a result of the current research, discussions with participants, and review of the literature. In light of the findings and conclusions within this study, I discuss recommendations for policy and practice in four subsections: community engagement, program development, military and public policy, and adapting lessons learned from Native traditions.

**Community engagement.** An intuitive recommendation for practitioners in light of the current research is to foster engagement within the community in working to assist warriors in their return home. One interview participant discussed a local community business that partnered with a unit to which he once belonged, came to occasional unit meetings, provided events for recognition and respect, and played a role in connecting spouses with resources during a

deployment. Such an effort could be expanded into annual, bi-annual, or quarterly community events similar to the Stand Down and Pow Wow events, and offered for all service members recently discharged from service or nearing their end-of-service date. With such a program, local businesses and non-profits would partner with local units to distribute relevant information to all appropriate service members prior to the one- or several- day event. The resources made available at each event would be unique to the local community, but ideally resources would include job fairs, health and mental health care resources, opportunities for acknowledgement by local officials, VA representatives available to provide information and access to services, etc.

Because a time to decompress following deployments was of importance to veterans, community engagement could also be sought through partnerships with hotels, airlines, parks, etc. to offer decompression trips for service members and their significant others when returning home. Additionally, a suggestion that I came across, and am very intrigued by, is the idea of opening up local town halls on Veterans Day each year to allow veterans a place to share their stories and experiences, and to have community members come and share the burden of service together with them by listening (Junger, 2016).

**Program development.** Further recommendations for policy and practice include recommendations for program development. Because the Yellow Ribbon Reintegration Program has such positive benefits for National Guard and Reserve Components when returning from deployment, it would likely be beneficial to make Yellow Ribbon type events available to all branches and service types. Active Duty Components could also benefit from these retreats. A further expansion to offer similar events for service members as they end their time in military service may also prove beneficial. Ideally, the retreats would be made available to units that

deployed together, and the dates would be set prior to re-deployment. A feasibility study of conducting events with and without spouses should also be pursued.

Within the participant interviews, several service members also discussed a desire for mentorship when reintegrating into civilian society. Within such a mentorship program, a civilian or veteran would commit to walking through the first year with a service member after returning home or being discharged from the military. Because of my own professional experience working as a social worker in refugee resettlement agencies, what comes to my mind is a veteran reintegration program, where an engaged and compassionate individual or family partners with the veteran to address many day-to-day functions of being involved in the civilian world where a struggling veteran might need a helping hand, such as looking for work, grocery shopping, daily hygiene, etc.

An additional recommendation for practitioners is to develop therapeutic techniques that are based on Social Identity Theory and combine psychosocial rehabilitation. Such a technique would affirm the self-efficacy of the individual while strengthening his or her collective self-esteem. This technique would follow a strengths-based approach and could prove less evasive for appropriate patients and clients.

In a further effort for psychosocial rehabilitation, a final program development recommendation is to “embed” VA staff with local units so that service members have more direct access to initial care and information on documentation and benefits. It is recommended that the VA develop a program of regional case managers responsible for working with local units as a more accessible front door to the VA. If such a program is not fiscally feasible, local VA hospitals and clinics could also work with the medical units of each State to send VA representatives to Army Soldier Readiness Program (SRP) events and similar type events for

other branches of service. As service members must meet annual health requirements, sending VA representatives to such events would allow the VA to have face-to-face access with virtually every service member in each State on a rotating basis, to answer questions and connect service members with appropriate resources and contacts.

**Military & public policy.** As program development often cannot occur without a policy directive, I also derive recommendations for military and public policy from this research. Many participants discussed the post-deployment psychological evaluation that was conducted upon their immediate return from a deployment. The general consensus regarding these evaluations was that anything seen as standing between the service member and a reunion with family was regarded with frustration and angst. As an Army National Guard Behavioral Health Officer, I have conducted deployment related Behavioral Health Evaluations, and can sympathize with the feelings of soldiers that an evaluation given so close to being cleared to go home offers little incentive for honesty or an in-depth discussion of mental status. As discussed previously, although treatment should not be approached in a one-size-fits-all fashion, and certainly psychotherapy is not the most appropriate or effective treatment for every service member requiring mental health care, psychological evaluation does have merit in identifying active or potential problems and developing an appropriate treatment plan. Because of this, I recommend that military branches develop a policy to incorporate additional psychological evaluations at regular intervals following a service member's return from deployment. Ideally, each service member would have up to 3 evaluations before being cleared by the appropriate Behavioral Health team, and these evaluations would be conducted at approximately 30, 90, and 120 days following return.

Similarly, as local police and FBI agencies have protocols for evaluating and assisting officers and agents who discharge their weapons, similar care should be afforded to military personnel who discharge theirs. Similar to other public service agencies, service members who discharge their weapons in the line of duty should receive an initial evaluation and complete additional evaluations or therapeutic intervention as deemed appropriate by the clinician. This “counseling” could be conducted in theater or after returning home, although this would also translate into a need for additional staffing of behavioral health professionals at forward operating bases overseas and in the continental United States.

Additionally, if such evaluations and therapeutic treatments were required of each service member, a likely secondary effect would be to decrease the stigma associated with mental health treatment. In addition to funding behavioral health care for service members abroad, this would also require funding for behavioral health in the military and private sectors at home in the United States. Although initially allocating such funding could prove difficult, first-line emotional health interventions and care would likely provide substantial savings from long-term VA treatment and disability claims if issues are addressed immediately, as early intervention could likely help many service members avoid unnecessarily developing chronic conditions.

**Adapting lessons learned from rituals & Native traditions.** Because the benefits found in Native traditions of healing apply to both Native and non-native veterans alike, generalizable lessons learned from these ceremonies and rituals should be respectfully adapted for wider use with the guidance and permission of Native healers. Before I discuss this final section further, I would like to echo the sentiments of Sebastian Junger when discussing the need to be wary of cultural appropriation in therapeutic techniques:

Contemporary America is a secular society that obviously can't just borrow from Indian

Culture to heal its own psychic wounds. But the spirit of community healing and connection that forms the basis of these ceremonies is one that modern society might draw on (Junger, 2016, p. 121).

Lessons that can be learned from these ceremonies include characteristics observed in the Sweat Lodge ceremony and ritual retreat: space was allowed for the processing of grief in a communal way, but without force. This processing can be verbal, physical, or spiritual, but there isn't a prescribed form that service members and veterans must follow to participate in these events. Burdens and concerns that participants have been carrying with them can be discussed in detail, or alluded to broadly. The use of symbolism in these ceremonies also allows for the application of meaning without having to delve into specifics if the service member doesn't want to.

Additional lessons that can be learned from these ceremonies include the characteristics observed in the Pow Wow and Stand Down events, as was discussed previously in the Community Engagement sub-section. Communities might follow these examples and offer a several day festival honoring veterans that involves the whole local community. The cooperation and involvement of all major community players and organizations would allow for an opportunity for community leaders to acknowledge the service of the veterans within their districts, and provide access to resources that may not have been previously readily available to veterans. It is also recommended that VA locations in every state do feasibility studies of offering traditional, non-mainstream approaches to care. In conducting such a study, VA locations should ask: "What would be culturally appropriate?" and "Who in the community is able and available to provide these services?"

**Conclusion**

These recommendations for research and practice are merely the tip of the iceberg in creative solutions that can be uncovered to attend to the needs of service members with dignity, respect, and compassionate care. The overwhelmingly positive aspect of this research, in my personal opinion, was the methodological blending of qualitative and quantitative approaches. The involvement with participant observation, coupled with the opportunity to further discuss veterans' experiences in their own words, proved to be invaluable in interpreting the quantitative data from the survey results. As much as possible, future research should explore providing veteran participants the opportunity to follow-up with an interview, so that they can discuss their personal experiences as a unique individual within a broader system. That there is a significant relationship between social identity, psychological well-being, and reintegration opens up many future research and practice avenues that should be explored. Sustainable and durable peace might just rely on our ability to see the trees through the forest.



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**Appendix A**

**Self-Reported Identity**

As individuals in society we all belong to a variety of groups, e.g., social (club, family, friendship), religious, ethnic, academic, occupational, geographic, ideological, etc. Please identify five groups that you most strongly identify with and that affect how you see yourself as a person. On a scale from 1 to 10, to indicate the level of importance each group holds for you as a person.

<u>Group or Role</u>	<u>Scale of Importance</u>									
	(1 being not important at all to 10 being extremely important.)									
1. _____	1	2	3	4	5	6	7	8	9	10
2. _____	1	2	3	4	5	6	7	8	9	10
3. _____	1	2	3	4	5	6	7	8	9	10
4. _____	1	2	3	4	5	6	7	8	9	10
5. _____	1	2	3	4	5	6	7	8	9	10

**Demographic Questions**

1. What is your age?
2. What is your gender?
3. In what branch of service do you or have you served in?
4. How many years of service?
5. Are you currently active, retired/inactive, or reserve status?
6. If retired/inactive, in what year did you retire?



7. If retired/inactive, please check all that apply from the list below, of activities that you engaged in while you transitioned out of the military (i.e., online classes, retreat, vacation, party with family, community BBQ, yellow ribbon event, sweat lodge, etc.)
8. Have you ever been deployed?
9. How many times have you deployed?
10. To what regions have you deployed?
11. How many combat exposure events?
12. What was the perceived level of threat? (none, mild, moderate, extreme)
13. What was the year of your most recent deployment?
14. Please check all that apply from the list below of activities that you engaged in following your return from deployment (i.e., online classes, retreat, vacation, party with friends/family, unit homecoming event, airport homecoming event, community BBQ, yellow ribbon event, individual counseling, group counseling, pow wow, sweat lodge, etc.)

### **12-item Optum SF-12v2 Health Survey**

The 12-item Optum SF-12v2 Health Survey was chosen as it is a shorter version of the 36-item health survey, and has been shown to be a reliable and valid measure to assess functional health and well-being from the point of view of the participant (Optum, Inc., 2014; Ware, Kosinski, & Keller, 1996). A license for use was provided through Optum, Inc.

**16-item Collective Self-Esteem Scale (Luhtanen & Crocker, 1992)****CSE**

**INSTRUCTIONS:** We are all members of different social groups or social categories. Some of such social groups or categories pertain to gender, race, religion, nationality, ethnicity, and socioeconomic class. We would like you to consider your memberships in those particular groups or categories, and respond to the following statements on the basis of how you feel about those groups and your memberships in them. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions. Please read each statement carefully, and respond by using the following scale from 1 to 7:

		Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
1.	I am a worthy member of the social groups I belong to.	1	2	3	4	5	6	7
2.	I often regret that I belong to some of the social groups I do.	1	2	3	4	5	6	7
3.	Overall, my social groups are considered good by others.	1	2	3	4	5	6	7
4.	Overall, my group memberships have very little to do with how I feel about myself.	1	2	3	4	5	6	7
5.	I feel I don't have much to offer to the social groups I belong to.	1	2	3	4	5	6	7
6.	In general, I'm glad to be a member of the social groups I belong to.	1	2	3	4	5	6	7
7.	Most people consider my social groups, on the average, to be more ineffective than other social groups.	1	2	3	4	5	6	7
8.	The social groups I belong to are an important reflection of who I am.	1	2	3	4	5	6	7
9.	I am a cooperative participant in the social groups I belong to.	1	2	3	4	5	6	7
10.	Overall, I often feel that the social groups of which I am a member are not worthwhile.	1	2	3	4	5	6	7
11.	In general, others respect the social groups that I am a member of.	1	2	3	4	5	6	7
12.	The social groups I belong to are unimportant to my sense of what kind of a person I am.	1	2	3	4	5	6	7
13.	I often feel I'm a useless member of my social groups.	1	2	3	4	5	6	7
14.	I feel good about the social groups I belong to.	1	2	3	4	5	6	7
15.	In general, others think that the social groups I am a member of are unworthy.	1	2	3	4	5	6	7
16.	In general, belonging to social groups is an important part of my self image.	1	2	3	4	5	6	7

**54-item Ryff Scale of Psychological Well-being (Ryff, 1989)**

The following set of statements deals with how you might feel about yourself and your life. Please remember that there are neither right nor wrong answers.

Circle the number that best describes the degree to which you agree or disagree with each statement.	Strongly Disagree	Disagree	Disagree Slightly	Agree Slightly	Agree	Strongly Agree
1. Most people see me as loving and affectionate.	1	2	3	4	5	6
2. I am not afraid to voice my opinion, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
3. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
4. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
5. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
6. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
7. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
8. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
9. The demands of everyday life often get me down.	1	2	3	4	5	6
10. I don't want to try new ways of doing things—my life is fine the way it is.	1	2	3	4	5	6
11. I tend to focus on the present, because the future always brings me problems.	1	2	3	4	5	6
12. In general, I feel confident and positive about myself.	1	2	3	4	5	6
13. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
14. I tend to worry about what other people think of me.	1	2	3	4	5	6
15. I do not fit very well with the people and the community around me.	1	2	3	4	5	6
16. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6
17. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
18. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
19. I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6

Circle the number that best describes the degree to which you agree or disagree with each statement.	Strongly Disagree	Disagree	Disagree Slightly	Agree Slightly	Agree	Strongly Agree
20. Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5	6
21. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
22. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
23. I don't have a good sense of what it is I'm trying to accomplish in my life.	1	2	3	4	5	6
24. I like most aspects of my personality.	1	2	3	4	5	6
25. I don't have many people who want to listen when I need to talk.	1	2	3	4	5	6
26. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
27. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
28. I have a sense that I have developed a lot as a person over time.	1	2	3	4	5	6
29. I used to set goals for myself, but that now seems a waste of time.	1	2	3	4	5	6
30. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.	1	2	3	4	5	6
31. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
32. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6
33. I generally do a good job of taking care of my personal finances and affairs.	1	2	3	4	5	6
34. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
35. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
36. In many ways, I feel disappointed about my achievements in my life.	1	2	3	4	5	6
37. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
38. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6
39. I am good at juggling my time so that I can fit everything in that needs to be done.	1	2	3	4	5	6
40. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6

Circle the number that best describes the degree to which you agree or disagree with each statement.	Strongly Disagree	Disagree	Disagree Slightly	Agree Slightly	Agree	Strongly Agree
41. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
42. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
43. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
44. I often change my mind about decisions if my friends or family disagree.	1	2	3	4	5	6
45. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
46. I gave up trying to make big improvements or change in my life a long time ago.	1	2	3	4	5	6
47. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
48. The past has its ups and downs, but in general, I wouldn't want to change it.	1	2	3	4	5	6
49. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
50. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6
51. I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
52. There is truth to the saying that you can't teach an old dog new tricks.	1	2	3	4	5	6
53. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
54. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6

**Trim-18 (McCullough, Root, & Cohen, 2006)**

For the following questions, please indicate your current thoughts and feelings about the person or group that was considered the "enemy" during your military service; that is, we want to know how you feel about that person or group right now. Next to each item, please indicate the best description of your current thoughts and feelings, on a scale of 1 to 5 from "Strongly Disagree" to "Strongly Agree".

1. I'll make them pay.
2. I try to keep as much distance between us as possible.
3. Even though their actions hurt me, I have goodwill for them.
4. I wish that something bad would happen to them.
5. I live as if they don't exist, or aren't around.
6. I want us to bury the hatchet and move forward.
7. I don't trust them.
8. Despite what they did, I want us to have a positive relationship.
9. I want them to get what they deserve.
10. I find it difficult to act warmly toward them.
11. I avoid them.
12. Although they hurt me, I am putting the hurts aside so we can resume a relationship.
13. I'm going to get even.
14. I have given up my hurt and resentment.
15. I cut off the relationship with them.
16. I have released my anger so I can work on restoring our relationship to health.
17. I want to see them hurt and miserable.
18. I withdraw from them.

**End of Online Survey**

Would you be willing to be contacted in the future with further questions regarding this research?

If yes, you will be directed to enter your email address on a separate form, and the researcher will contact you to set up a telephone interview. So that we can anonymously match your interview with your online responses, please enter a 5-digit code below. (This can be any number that you will be able to remember.) You will be asked to enter this code again on the separate form.

**Service Member Interview Questionnaire**

1. In the online survey, you were asked to describe activities you participated in when transitioning home from deployment. Could you please describe these activities in greater detail?
2. In the online survey, you were asked to indicate aspects of your identity that are important to you. Could you describe these identities? In what ways did you engage in these roles when returning home?
3. Are there any ways that you feel your community assisted in your ability to transition back to life in the United States, or could have better assisted? How or in what ways?
4. In what ways did your experience returning home compare to your expectations of how your experience would be?
5. What did you find most enjoyable about your return home?
6. What did you find most difficult about your return home?
7. In what ways were you able to cope with these obstacles when returning home?
8. If you could keep or change one thing about your experience returning home, what would it be?
9. What advice would you give to a future service member preparing to return home from a deployment or transitioning out of service?
10. Do you have any additional comments or thoughts about anything in your experience that we have not covered?

## Appendix B

Table 13

*Scale Responses for the Ryff Scale of Psychological Well-being (Ryff, 1989)*

Scale Items	Mean	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	n
<b>Autonomy</b>	<b>4.72</b>							
I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	4.92	1.67%	3.33%	7.50%	12.50%	37.50%	37.50%	120
My decisions are not usually influenced by what everyone else is doing.	4.46	3.33%	10.00%	12.50%	14.17%	35.83%	24.17%	120
I tend to worry about what other people think of me.	4.17	24.37%	26.05%	12.61%	21.85%	10.92%	4.20%	119
Being happy with myself is more important to me than having others approve of me.	4.76	0.00%	5.88%	9.24%	16.81%	37.82%	30.25%	119
I tend to be influenced by people with strong opinions.	4.64	32.48%	29.91%	12.82%	13.68%	9.40%	1.71%	117
I have confidence in my opinions, even if they are contrary to the general consensus.	5.24	0.00%	0.88%	2.65%	12.39%	41.59%	42.48%	113

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.



Table 13 (continued)

*Scale Responses for the Ryff Scale of Psychological Well-being (Ryff, 1989)*

Scale Items	Mean	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	n
<b>Autonomy (continued)</b>								
It's difficult for me to voice my own opinions on controversial matters.	<i>4.83</i>	39.82%	30.09%	10.62%	7.96%	7.08%	4.42%	113
I often change my mind about decisions if my friends or family disagree.	<i>4.51</i>	23.42%	38.74%	17.12%	12.61%	8.11%	0.00%	111
I judge myself by what I think is important, not by the values of what others think is important.	<i>5.02</i>	1.80%	3.60%	5.41%	13.51%	39.64%	36.04%	111
<b>Environmental Mastery</b>								
In general, I feel I am in charge of the situation in which I live.	<i>4.75</i>	1.65%	8.26%	8.26%	9.92%	39.67%	32.23%	121
The demands of everyday life often get me down.	<i>4.56</i>	40.50%	23.97%	8.26%	12.40%	9.09%	5.79%	121
I do not fit very well with the people and the community around me.	<i>4.59</i>	37.50%	30.00%	9.17%	8.33%	9.17%	5.83%	120

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 13 (continued)

*Scale Responses for the Ryff Scale of Psychological Well-being (Ryff, 1989)*

Scale Items	Mean	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	n
<b>Environmental Mastery</b>								
<b>(continued)</b>								
I am quite good at managing the many responsibilities of my daily life.	4.92	0.84%	5.88%	6.72%	9.24%	36.97%	40.34%	119
I often feel overwhelmed by my responsibilities.	4.28	30.51%	27.12%	5.93%	21.19%	13.56%	1.69%	118
I generally do a good job of taking care of my personal finances and affairs.	4.97	2.59%	4.31%	5.17%	11.21%	37.93%	38.79%	116
I am good at juggling my time so that I can fit everything in that needs to be done.	4.63	2.65%	3.54%	7.96%	20.35%	44.25%	21.24%	113
I have difficulty arranging my life in a way that is satisfying to me.	4.53	33.33%	27.93%	9.91%	15.32%	8.11%	5.41%	111
I have been able to build a home and a lifestyle for myself that is much to my liking.	4.74	7.21%	8.11%	6.31%	14.41%	25.23%	38.74%	111
<b>Personal Growth</b>								
<b>4.86</b>								
I am not interested in activities that will expand my horizons.	4.85	51.24%	19.83%	6.61%	11.57%	6.61%	4.13%	121

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 13 (continued)

*Scale Responses for the Ryff Scale of Psychological Well-being (Ryff, 1989)*

Scale Items	Mean	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	n
<b>Personal Growth (continued)</b>								
I don't want to try new ways of doing things – my life is fine the way it is.	<i>4.52</i>	22.88%	35.59%	17.80%	10.17%	11.86%	1.69%	118
I think it is important to have new experiences that challenge how you think about yourself and the world.	5.14	0.00%	2.56%	0.00%	21.37%	35.04%	41.03%	117
When I think about it, I haven't really improved much as a person over the years.	<i>5.15</i>	55.56%	21.37%	8.55%	5.98%	5.98%	2.56%	117
I have a sense that I have developed a lot as a person over time.	5.15	1.77%	2.65%	2.65%	11.50%	39.82%	41.59%	113
I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	<i>4.1</i>	22.12%	30.97%	13.27%	16.81%	10.62%	6.19%	113
For me, life has been a continuous process of learning, changing, and growth.	5.17	0.00%	3.60%	2.70%	14.41%	34.23%	45.05%	111

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 13 (continued)

*Scale Responses for the Ryff Scale of Psychological Well-being (Ryff, 1989)*

Scale Items	Mean	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	n
<b>Personal Growth (continued)</b>								
I gave up trying to make big improvements or changes in my life a long time ago.	<i>4.92</i>	44.14%	23.42%	11.71%	9.01%	9.01%	2.70%	111
There is truth to the saying that you can't teach an old dog new tricks.	<i>4.7</i>	38.18%	28.18%	16.36%	10.91%	5.45%	0.91%	110
<b>Positive Relations with Others</b>	<b>4.59</b>							
Most people see me as loving and affectionate.	<i>4.82</i>	3.31%	4.96%	3.31%	11.57%	47.11%	29.75%	121
Maintaining close relationships has been difficult and frustrating for me.	<i>4.21</i>	30.58%	23.14%	10.74%	13.22%	16.53%	5.79%	121
I often feel lonely because I have few close friends with whom to share my concerns.	<i>4.36</i>	40.83%	15.00%	6.67%	20.00%	10.83%	6.67%	120
I enjoy personal and mutual conversations with family members or friends.	<i>5.22</i>	0.84%	6.72%	0.84%	10.92%	29.41%	51.26%	119

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 13 (continued)

*Scale Responses for the Ryff Scale of Psychological Well-being (Ryff, 1989)*

Scale Items	Mean	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	n
<b>Positive Relations with Others (continued)</b>								
I don't have many people who want to listen when I need to talk.	4.28	28.45%	25.86%	14.66%	12.93%	12.07%	6.03%	116
It seems to me that most other people have more friends than I do. People would describe me as a giving person, willing to share my time with others.	3.84	25.00%	17.24%	8.62%	21.55%	14.66%	12.93%	116
I have not experienced many warm and trusting relationships with others.	5.09	0.87%	3.48%	4.35%	15.65%	35.65%	40.00%	115
I know that I can trust my friends, and they know they can trust me.	4.42	39.82%	20.35%	5.31%	15.04%	11.50%	7.96%	113
<b>Purpose in Life</b>	<b>4.8</b>							
I live life one day at a time and don't really think about the future.	5.07	5.36%	1.79%	4.46%	12.50%	28.57%	47.32%	112
I tend to focus on the present, because the future nearly always brings me problems.	4.67	35.00%	30.00%	16.67%	7.50%	9.17%	1.67%	120
	4.92	44.17%	28.33%	9.17%	5.83%	9.17%	3.33%	120

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 13 (continued)

*Scale Responses for the Ryff Scale of Psychological Well-being (Ryff, 1989)*

Scale Items	Mean	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	n
<b>Purpose in Life (continued)</b>								
My daily activities often seem trivial and unimportant to me.	<i>4.56</i>	30.77%	33.33%	11.97%	13.68%	5.98%	4.27%	117
I don't have a good sense of what it is I'm trying to accomplish in life.	<i>4.83</i>	48.72%	21.37%	7.69%	9.40%	6.84%	5.98%	117
I used to set goals for myself, but that now seems like a waste of time.	<i>4.78</i>	33.62%	36.21%	8.62%	10.34%	10.34%	0.86%	116
I enjoy making plans for the future and working to make them a reality.	4.94	0.00%	2.63%	5.26%	21.05%	35.09%	35.96%	114
I am an active person in carrying out the plans I set for myself.	4.95	3.54%	4.42%	3.54%	12.39%	43.36%	32.74%	113
Some people wander aimlessly through life, but I am not one of them.	4.93	1.80%	8.11%	6.31%	9.01%	33.33%	41.44%	111
I sometimes feel as if I've done all there is to do in life.	<i>4.68</i>	35.14%	29.73%	8.11%	12.61%	11.71%	2.70%	111

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 13 (continued)

*Scale Responses for the Ryff Scale of Psychological Well-being (Ryff, 1989)*

Scale Items	Mean	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	n
<b>Self-Acceptance</b>	<b>4.72</b>							
When I look at the story of my life, I am pleased with how things have turned out.	4.88	3.31%	4.96%	4.96%	14.05%	33.06%	39.67%	121
In general, I feel confident and positive about myself.	4.97	3.36%	5.88%	3.36%	11.76%	28.57%	47.06%	119
I feel like many of the people I know have gotten more out of life than I have.	4.47	37.50%	24.17%	10.83%	10.00%	13.33%	4.17%	120
I like most aspects of my personality.	4.96	2.56%	5.98%	4.27%	13.68%	41.88%	31.62%	117
I made some mistakes in the past, but I feel that all in all everything has worked out for the best.	4.98	3.45%	6.03%	5.17%	12.07%	31.03%	42.24%	116
In many ways, I feel disappointed about my achievements in life.	4.75	47.41%	18.10%	11.21%	8.62%	9.48%	5.17%	116
My attitude about myself is probably not as positive as most people feel about themselves.	4.41	31.53%	27.93%	9.01%	9.01%	13.51%	9.01%	111

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 13 (continued)

*Scale Responses for the Ryff Scale of Psychological Well-being (Ryff, 1989)*

Scale Items	Mean	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	n
<b>Self-Acceptance (continued)</b>								
The past had its ups and downs, but in general, I wouldn't want to change it.	4.51	6.25%	11.61%	9.82%	10.71%	29.46%	32.14%	112
When I compare myself to friends and acquaintances, it makes me feel good about who I am.	4.51	5.41%	5.41%	7.21%	21.62%	32.43%	27.93%	111

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.



Table 14

*Scale Responses for the Collective Self-Esteem Scale (Luhtanen & Crocker, 1992)*

Scale Items	Mean	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	n
<b>Membership Self-Esteem</b>	<b>5.84</b>								
I am a worthy member of the social groups I belong to.	5.95	1.31%	1.31%	1.96%	7.19%	12.42%	35.29%	40.52%	153
I feel I don't have much to offer to the social groups I belong to.	5.77	33.12%	40.26%	11.69%	7.14%	5.19%	0.65%	1.95%	154
I am a cooperative participant in the social groups I belong to.	5.75	1.41%	3.52%	2.82%	6.34%	14.79%	48.59%	22.54%	142
I often feel I'm a useless member of my social groups.	5.9	42.96%	35.92%	4.23%	7.04%	4.93%	4.23%	0.70%	142
<b>Private Collective Self-Esteem</b>	<b>5.97</b>								
I often regret that I belong to some of the social groups I do.	5.99	40.00%	40.00%	3.87%	8.39%	5.16%	1.94%	0.65%	155

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 14 (continued)

*Scale Responses for the Collective Self-Esteem Scale (Luhtanen & Crocker, 1992)*

Scale Items	Mean	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	n
<b>Private Collective Self-Esteem (continued)</b>									
In general, I'm glad to be a member of the social groups I belong to.	5.92	1.29%	0.65%	2.58%	8.39%	9.68%	42.58%	34.84%	155
Overall, I often feel that the social groups of which I am a member are not worthwhile.	<i>6.01</i>	40.14%	40.85%	2.82%	9.15%	4.23%	2.82%	0.00%	142
I feel good about the social groups I belong to.	5.97	0.70%	0.70%	0.00%	6.34%	13.38%	49.30%	29.58%	142
<b>Public Collective Self-Esteem</b>	<b>5.75</b>								
Overall, my social groups are considered good by others.	5.96	1.96%	1.96%	1.31%	6.54%	10.46%	46.41%	31.37%	153

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 14 (continued)

*Scale Responses for the Collective Self-Esteem Scale (Luhtanen & Crocker, 1992)*

Scale Items	Mean	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	n
<b>Public Collective Self-Esteem (continued)</b>									
Most people consider my social groups, on the average, to be more ineffective than other social groups.	5.37	24.68%	31.17%	7.14%	26.62%	5.84%	3.90%	0.65%	154
In general, others respect the social groups that I am a member of.	5.82	1.41%	1.41%	0.70%	9.15%	14.08%	50.70%	22.54%	142
In general, others think that the social groups I am a member of are unworthy.	5.83	35.92%	40.14%	7.75%	8.45%	3.52%	3.52%	0.70%	142
<b>Importance to Identity</b>	<b>4.61</b>								
Overall, my group memberships have very little to do with how I feel about myself.	3.86	5.19%	24.68%	10.39%	15.58%	8.44%	20.78%	14.94%	154

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 14 (continued)

*Scale Responses for the Collective Self-Esteem Scale (Luhtanen & Crocker, 1992)*

Scale Items	Mean	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	n
<b>Importance to Identity (continued)</b>									
The social groups I belong to are an important reflection of who I am.	5.54	1.95%	3.25%	3.25%	9.74%	24.68%	31.82%	25.32%	154
The social groups I belong to are unimportant to my sense of what kind of a person I am.	4.54	11.27%	28.87%	12.68%	14.79%	11.97%	16.90%	3.52%	142
In general, belonging to social groups is an important part of my self-image.	4.51	6.34%	9.15%	8.45%	20.42%	23.24%	20.42%	11.97%	142

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 15

*Scale Responses for the Transgression-Related Interpersonal Motivations Inventory**(McCullough, Root, & Cohen, 2006)*

Scale Items	Mean	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	n
<b>Avoidance Motivations</b>	<b>2.93</b>						
I try to keep as much distance between us as possible.	2.79	19.64%	19.64%	30.36%	22.32%	8.04%	112
I live as if they don't exist, or aren't around.	2.72	19.64%	24.11%	24.11%	22.32%	9.82%	112
I don't trust them.	3.33	9.17%	16.51%	27.52%	22.94%	23.85%	109
I find it difficult to act warmly toward them.	3.03	10.91%	20.00%	28.18%	29.09%	11.82%	110
I avoid them.	2.94	14.55%	22.73%	31.82%	22.73%	8.18%	110
I cut off the relationship with them.	2.92	12.96%	18.52%	37.04%	22.22%	9.26%	108
I withdraw from them.	2.81	17.65%	16.67%	31.37%	21.57%	6.86%	102
<b>Revenge Motivations</b>	<b>2.24</b>						
I'll make them pay.	2.1	35.71%	25.89%	20.54%	15.18%	2.68%	112
I wish that something bad would happen to them.	2.14	37.50%	22.32%	19.64%	16.07%	4.46%	112
I want them to get what they deserve.	2.82	20.91%	15.45%	32.73%	24.55%	6.36%	110
I'm going to get even.	1.94	37.96%	31.48%	23.15%	3.70%	3.70%	108
I want to see them hurt and miserable.	2.19	40.37%	19.27%	28.44%	7.34%	4.59%	109

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 15 (continued)

*Scale Responses for the Transgression-Related Interpersonal Motivations Inventory**(McCullough, Root, & Cohen, 2006)*

Scale Items	Mean	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	n
<b>Benevolence Motivations</b>	<b>3.28</b>						
Even though their actions hurt me, I have goodwill for them.	3.27	10.71%	17.86%	32.14%	25.89%	13.39%	112
I want us to bury the hatchet and move forward.	3.44	9.09%	11.82%	33.64%	23.64%	21.82%	110
Despite what they did, I want us to have a positive relationship.	3.3	10.91%	17.27%	27.27%	30.91%	13.64%	110
Although they hurt me, I am putting the hurts aside so we can resume a relationship.	3.04	14.68%	13.76%	35.78%	23.85%	11.93%	109
I have given up my hurt and resentment.	3.26	8.26%	17.43%	31.19%	27.52%	15.60%	109
I have released my anger so I can work on restoring our relationship to health.	3.34	10.09%	12.84%	41.28%	22.02%	13.76%	109

*Note:* Dimension categories are in boldface and the means of reverse-coded items are in italics.

Table 16

*Types of Reintegration Activities Means & Standard Deviations*

Reintegration Activity	Mean & SD	CSE	TRIM	PW	SF
<b>Celebration with Family</b>					
Post-Deployment	Mean	90.75	45.89	264.75	0.76
	N	53	54	52	54
	Std. Deviation	9.87	15.03	39.32	0.13
Post-Separation	Mean	91.07	16.51	39.47	0.11
	N	14	13	14	14
	Std. Deviation	11.15	16.51	39.47	0.11
<b>Community Event</b>					
Post-Deployment	Mean	95.73	49.27	277.47	0.80
	N	15	15	15	16
	Std. Deviation	9.14	16.28	26.65	0.13
Post-Separation	Mean	96	41.2	277.2	0.81
	N	5	5	5	6
	Std. Deviation	7.35	20.73	12.28	0.12
<b>Group Therapy or Counseling</b>					
Post-Deployment	Mean	87.5	48	251.29	0.74
	N	8	7	7	8
	Std. Deviation	15.79	20.99	61.74	0.18
Post-Separation	Mean	74.25	36.06	62.63	0.12
	N	< 5	< 5	< 5	< 5
	Std. Deviation	11.64	36.06	62.63	0.12
<b>Individual Therapy or Counseling</b>					
Post-Deployment	Mean	88.79	53.54	242.67	0.70
	N	14	13	12	14
	Std. Deviation	12.08	13.76	55.52	0.14
Post-Separation	Mean	79.5	54.25	210.8	0.66
	N	6	< 5	5	6
	Std. Deviation	12.55	24.17	59.18	0.14

*Note:* Category headings are in boldface. SD = Standard Deviation; CSE = Collective Self-Esteem; PW = Ryff Scales of Psychological Well-being; SF = Optum SF Health Survey; TRIM = Transgression-Related Interpersonal Motivations

Table 16 (continued)

*Types of Reintegration Activities Means & Standard Deviations*

Reintegration Activity	Mean & SD	CSE	TRIM	PW	SF
<b>Online Transition Class(es)</b>					
Post-Deployment	Mean	89.29	46.57	256	0.72
	N	7	7	7	7
	Std. Deviation	15.26	15.52	53.08	0.18
Post-Separation	Mean	100	44	226	0.66
	N	< 5	< 5	< 5	< 5
	Std. Deviation	N/A	N/A	N/A	N/A
<b>Powwow or Sweat Lodge Ritual</b>					
Post-Deployment	Mean	90	39	281	0.86
	N	< 5	< 5	< 5	< 5
	Std. Deviation	N/A	N/A	N/A	N/A
Post-Separation	Mean	N/A	N/A	N/A	N/A
	N	N/A	N/A	N/A	N/A
	Std. Deviation	N/A	N/A	N/A	N/A
<b>Religious Event</b>					
Post-Deployment	Mean	92.27	50.45	267.36	0.74
	N	11	11	11	12
	Std. Deviation	6.75	18.01	28.11	0.11
Post-Separation	Mean	91	36.8	274.8	0.74
	N	5	5	5	5
	Std. Deviation	9.51	20.05	14.62	0.08
<b>Retreat for Service Members/Veterans</b>					
Post-Deployment	Mean	90.11	51.88	256.56	0.76
	N	9	8	9	9
	Std. Deviation	7.94	16.58	46.27	0.15
Post-Separation	Mean	83.75	27.5	251.5	0.71
	N	< 5	< 5	< 5	< 5
	Std. Deviation	13.05	12.02	48.62	0.12

*Note:* Category headings are in boldface. SD = Standard Deviation; CSE = Collective Self-Esteem; PW = Ryff Scales of Psychological Well-being; SF = Optum SF Health Survey; TRIM = Transgression-Related Interpersonal Motivations



Table 16 (continued)

*Types of Reintegration Activities Means & Standard Deviations*

Reintegration Activity	Mean & SD	CSE	TRIM	PW	SF
<b>Stand Down Event</b>					
Post-Deployment	Mean	85.33	33.33	262	0.74
	N	< 5	< 5	< 5	< 5
	Std. Deviation	16.17	9.29	50.91	0.06
Post-Separation	Mean	84.17	28.33	246.83	0.68
	N	6	6	6	7
	Std. Deviation	13.14	9.46	38.08	0.08
<b>Vacation</b>					
Post-Deployment	Mean	91.94	49.15	266.5	0.77
	N	34	34	32	35
	Std. Deviation	10.26	15.12	35.95	0.13
Post-Separation	Mean	88.75	43.88	247.88	0.67
	N	8	8	8	9
	Std. Deviation	15.18	17.92	40.94	0.08
<b>Yellow Ribbon Event</b>					
Post-Deployment	Mean	91.75	49.4	276.4	0.83
	N	< 5	5	5	< 5
	Std. Deviation	4.99	21.41	27.70	0.14
Post-Separation	Mean	N/A	N/A	N/A	N/A
	N	N/A	N/A	N/A	N/A
	Std. Deviation	N/A	N/A	N/A	N/A

*Note:* Category headings are in boldface. SD = Standard Deviation; CSE = Collective Self-Esteem; PW = Ryff Scales of Psychological Well-being; SF = Optum SF Health Survey; TRIM = Transgression-Related Interpersonal Motivations

Table 16 (continued)

*Types of Reintegration Activities Means & Standard Deviations*

Reintegration Activity	Mean & SD	CSE	TRIM	PW	SF
<b>No Activities</b>					
Post-Deployment	Mean	88.1	51.24	248.39	0.74
	N	20	17	18	20
	Std. Deviation	13.33	14.03	43.93	0.14
Post-Separation	Mean	92.83	55.27	255.25	0.74
	N	12	11	12	12
	Std. Deviation	12.66	14.94	52.06	0.20

*Note:* Category headings are in boldface. SD = Standard Deviation; CSE = Collective Self-Esteem; PW = Ryff Scales of Psychological Well-being; SF = Optum SF Health Survey; TRIM = Transgression-Related Interpersonal Motivations